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CANADA

MEDICAL & SURGICAL

JOURNAL.

A Monthly Record of

MEDICAL AND SURGICAL SCIENCE.

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VOL. IX.

Montreal:

PRINTED & PUBLISHED BY THE GAZETTE PRINTING COMPANY.

1881.

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CANADA

MEDICAL & SURGICAL JOURNAL

AUGUST 1878

ERRATA

In Dr. Howard's paper, "Fibroid Disease of the Heart," in July Number.

At page 530, line 36, for "not," read "was."
" 534, last line, omit the words "just named."
" 537, line 19, after "I," insert "have."
" 539, " 20, for "Take," read "Like."
" 540, " 24, for "tissues," read "tunics."
" 542, " 34, omit the word "not."

peculiar trembling of the limbs, motor pareses and an affection of the speech are the most prominent.

CASE I.—F. H., æt. 26, was sent to me for examination by Dr. Donald Baynes, on Nov. 21st, 1877. Patient is a tall, fair man, moderately well developed. Attention is at once directed to a peculiar trembling motion of the head and arms, and it is about this that he wishes advice. The following is the result of examination:—*Motion*—When perfectly at rest and the attention withdrawn from his condition, there are no movements, and nothing special is noticeable about the young man. When, however, the arms are lifted, the peculiar trembling begins, slight at first, then increasing somewhat; in the case

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MEDICAL & SURGICAL JOURNAL

AUGUST, 1880.

Original Communications.

CASES OF INSULAR SCLEROSIS.

By WM. OSLER, M.D., M.R.C.P., Lond.

Professor of the Institutes of Medicine, McGill University; Physician to the Montreal General Hospital.

(*Read before the Medico-Chirurgical Society of Montreal.*)

Gentlemen: I wish to bring under your notice this evening a form of Cerebro-Spinal Disease which has not yet engaged the attention of the Society, and of which, so far as I know, no cases have been reported in this country. It is characterized pathologically by the presence of numerous small spots of hardening or sclerosis throughout the brain and cord—hence the names insular, disseminated, multiple—and clinically by a variable yet well marked group of symptoms, among which a peculiar trembling of the limbs, motor pareses and an affection of the speech are the most prominent.

Case I.—F. H., æt. 26, was sent to me for examination by Dr. Donald Baynes, on Nov. 21st, 1877. Patient is a tall, fair man, moderately well developed. Attention is at once directed to a peculiar trembling motion of the head and arms, and it is about this that he wishes advice. The following is the result of examination:—*Motion*—When perfectly at rest and the attention withdrawn from his condition, there are no movements, and nothing special is noticeable about the young man. When, however, the arms are lifted, the peculiar trembling begins, slight at first, then increasing somewhat; in the case

of the right arm the movement is fully a foot in extent, shaking to and fro and causing a motion in the thorax, which is communicated more or less to the entire body. The left arm does not move so energetically, and can be more readily controlled; the shaking of the hand is well marked, and consists in a series of rapid, short partial acts of pronation and supination. When the arm is placed at rest the motion ceases, quickly if laid naturally in the lap, more slowly if laid upon the table or a book. Whenever a voluntary effort is made with the arms the peculiar movements begin, and become so active that it is only with great difficulty and after several attempts that he can pick up his hat. At the first part of the examination the arms showed a slight tremulousness even when at rest, but this was apparently due to nervousness, as afterwards it completely disappeared.

In the upright position there is a slight to and fro oscillation of the head, and when walking there is a nodding motion, which gives him a very odd appearance. At rest on a pillow there is no movement. There is very slight trembling noticed in the legs when held out; the act of walking is unaffected. The muscles appear well developed, the grasp of the hand is firm, and motor power generally is retained. Dr. Baynes states that the electrical excitability of the muscles—faradic and galvanic—is present.

The *voice* is peculiar, the utterance being slow, and the words brought out with distinctness and with the appearance of slight effort. He states that he does not experience any difficulty in speaking, but has noticed for some months past that the voice has altered, and the words do not follow each other so smoothly. Muscles of tongue and lips appear healthy; no fibrillar tremors.

Sensation is intact; no abnormal sensations in affected limbs. The tendon reflex well marked, but not excessive. Organs of special sense are normal. Psychical functions intact. No headache at any time. No symptoms referable to thoracic or abdominal viscera. Has been short of breath for the past two months. General health is excellent; appetite good; sleeps well.

By a happy coincidence I had Engesser's article in Ziemssen on Multiple Sclerosis before me when the patient came in, and the symptoms presented by him corresponded so closely with the description I had just read, that the diagnosis seemed very clear.

The following is the family and personal history: Father and mother dead; had not had any nervous disease. A sister suffers from nervous prostration, and has "attacks," during which she cannot talk. Other brothers (3) and sisters (5) are healthy. Has been engaged in mercantile occupation since 15th year. About five years ago, when in the employ of a West Indian firm in London, the troubles began with difficulty in writing, owing to an inability to hold the pen properly. From the account which he gives the attack seemed very like writer's cramp. It did not, however, prevent him from writing with the right hand for many months, but at last he had to discontinue, and then learnt to write with the left hand, which at this time shook very slightly, and could be steadied by effort. Wrote with this hand for about eight months, and then had to give up on account of the constant oscillation. At this time he could still cut up meat and feed himself, but for the past year the movements have become so increased on attempting any action, and it is only with the greatest effort that the simplest duty can be performed. A glass of water lifted to the mouth is certain to be spilt, and on attempting to take a spoonful of soup or lift a bit of meat on a fork to the mouth, the irregularity of the movement is such that the food is much more likely to reach either ear. It is only within the past year that the movements of the head have come on.

Case II.—James Bennet, aged 44, an average-sized, dark-complexioned man, was admitted to the General Hospital under my care in May of this year, complaining of inability to walk and a trembling movement of the arms. He has a somewhat dull look, but answers questions intelligently. The following symptoms are presented: When sitting at ease the muscles of the hands are seen to twitch, particularly those of the left, and when the arms are extended, as in the attempt to perform any voluntary action, a shaking tremor begins, consisting in a series of to and fro oscillations, the excursions in the right arm

being slight, in the left very considerable, sufficient to cause slight movement of the trunk. The tremor is not very rythmic, but is sufficiently characteristic. In the left hand he can hardly hold a cup, but almost involuntarily assists with the right. If asked to try to restrain the movement it becomes much worse. The tremor ceases when the arms are at rest, and the muscular twitchings diminish greatly when his attention is withdrawn for some time to other matters. The grip with either hand is strong. Faradic excitability of the muscles normal. There is no to and fro movement of the head. The legs are well nourished, and when held out shake irregularly, but the oscillations are neither so fine nor so regular as in the upper extremities. Patient can barely stand alone, but does so readily if assisted, and can then walk across the ward. If encouraged he tries to do so alone, and can walk several yards. The gait is peculiar: the legs are abducted and wide apart, the knees slightly flexed, the trunk thrown a little forward. The feet keep close to the floor, but the toes are lifted, and the heels appear to touch the floor first. Does not look at the feet. Can not stand with eyes shut. Great difficulty is experienced in rising up and sitting down, and also in turning round. The legs shake a good deal in making the steps.

When tongue is protruded it shakes *en masse*, and also presents fibrillar tremors. Slight tremor of lips and muscles of expression when in action—none when at rest. The reflexes are exaggerated, the "knee tap" phenomenon being well marked, and the ankle clonus readily obtained. Skin reflexes not exaggerated. No disturbances of *sensation*.

The *voice* is peculiar; the first words of a sentence are clearly, though slowly, pronounced, the conclusion is usually indistinct, at times unintelligible, from the running together of the words. The speech altogether has a thick, blurred character, reminding one strongly of that of a drunken man.

The act of swallowing is well performed. Eyes look normal; there is no nystagmus; pupils medium sized, active. Sense of smell good—can distinguish snuff from pepper. Has no headache or pains; sleeps well; eats well. Intelligence appears

impaired, but his conversation is quite rational. Has been impotent for about a year and a half. Functions of rectum and bladder normally performed. Examination of abdominal and thoracic viscera negative. Temperature 98°.

The history, as far as can be ascertained, is as follows: Worked 18 years in the gas-works, latterly as a carter; has been very industrious, and had amassed a little property. Has been married 21 years, and has seven children; has been a very healthy man; has taken alcoholic liquors freely, but never "lost a day" by drink. Seven years ago had sores; no history of any secondary affections. In April, 1878, his troubles began with business difficulties in a building society, whereby he lost his property. This worried him greatly, and, as his wife says, "he was not the same after." On the 24th of May he was arrested for stealing a jacket from a yard which he was cleaning, and was sent to jail for a month. After being discharged he began to act queerly, carting other people's bricks and dumping them on the road, stealing little things, and making bird-cages, which he could never finish. Was rather dull, moping and despondent. Never appears to have had delusions of grandeur or wealth. In July he was arrested for taking some boards, and was sent to jail, and from thence to the asylum as insane, where he remained for nine months, and was discharged as cured. The precise nature of his insanity is doubtful, but he certainly had no somatic troubles. Through the summer of 1879 was able to do a little work. Difficulty in walking began about this time; was on one occasion collared by a policeman as drunk, and thereby roused to a state of great excitement. The tremor of arms came on gradually, and was well marked on Feb. 20th, 1880, when he applied at the Dispensary, and was treated by Dr. Macdonnell. The affection of the speech developed during the winter, subsequent to the tremor of the limbs.

CASE III.—For permission to use this I am indebted to Dr. Reddy, under whose care the patient came.

S. B., æt. 45, admitted June 11th. No satisfactory history could be obtained, as from the time of admission he was unable to talk, and the person who brought him from Val-

leyfield did not know anything of him. During the few days in Hospital he presented the following symptoms: Paresis of all extremities, chiefly those of left side. Impairment of tactile and painful impressions. Marked contracture of left arm. No tremors. Ptosis of right eye. Incontinence of urine and fæces. He was very weak and emaciated when admitted, and died in five days.

Autopsy, four hours after death.—Body that of a tall, thin man. Nothing special to be noted on superficial inspection. Limbs flaccid and of equal size.

Calvaria unusually thick and dense. In dura mater, Pacchionian bodies very large. Sinuses contain clots. In removal of organ much clear serum escaped. Arachnoid over sulci and at base is opaque. Convolutions look somewhat wasted. Arteries at base, stiff and studded over with numerous opaque spots of atheroma. The walls of internal carotids and the vertebrals are more uniformly involved. The first part of the basilar looks a little dilated. The superficial branches of the arteries can be distinctly traced upon the convolutions by the small yellowish-white beads of atheroma upon them. Organ then carefully sliced, according to the method of M. Pitres. The substance cuts with remarkable firmness and a certain degree of resistance. *Præfrontal section*—On the right side there is a patch of altered tissue, 7 × 4 m., situated in the white matter of the third convolution. It is greyish in colour, firm, surface a little depressed, edges not well defined. With a hand lens the texture looks fibrous. No other spots found on cutting up this slice.

Pediculo-frontal Section.—On the *left* side there is a patch the size of a small pea, in the white substance just above the caudate nucleus; another, 3 × 2 m., in white matter of insula. In anterior end of lenticular nucleus there is a softened spot, size of a pea, greyish-red in colour, and somewhat friable. A small one, 2 × 2 m., in convolution of corpus callosum. On *right* side a patch in inferior pediculo-frontal fasciculus. *Frontal section*—On left side a depressed spot, 10 × 5 m., just above the internal capsule, and at the outer angle of the ven-

tricle. It presents a loose, fibrous arrangement, *etat crible*, and a straw-coloured serum fills the meshes, which are in this one large, so that were it not for the fibres crossing from wall to wall it would look more like a definite loss of substance—a cavity. Another smaller spot in convolution of corpus callosum. The caudate nucleus and the outer section of lenticular nucleus present each a small patch; in the former it extends for 2 m. into the internal capsule. A spot, 4 × 4 m. in sphenoidal fasciculus, just external to descending horn of the ventricle. On *right* side, lenticular nucleus presents two small areas, 2 × 3 m., with same loose fibrous appearance. In sphenoidal fasciculus of this side there is also a patch, 5 × 4 m., narrow, and on section looking like a small fissure with greyish walls, between which delicate fibres pass. *Parietal section*—On *left* side a patch, 4 × 3 m., in middle parietal fasciculus, a few millimetres from caudate nucleus. One in thalamus and one in lenticular nucleus. On *right* side a patch in superior parietal fasciculus, about 12 m. from the grey cortex. In *pediculo-parietal* and *occipital* sections four other small areas were found. In further slicing of the ganglia and parts at the base, two small spots in hinder end of left thalamus; one extends into the crus. None in the corpora quadrigemina. In the pons there are four or five small depressed areas situated towards the under surface, and to the left side; they are more like little cysts in the substance, but the walls are firm and fine fibres cross them. There is a small area in the left anterior pyramidal tract of the medulla.

The membranes of the cord look healthy, and there is nothing special to be observed on superficial inspection beyond a few small cartilaginous plates in the arachnoid on posterior surface. On careful section of the substance, there are no localized spots of induration, but the white matter in the situation of the crossed pyramidal fasciculi on either side has a greyish translucent aspect, which is most marked in the left side. This descending degeneration can be traced through the cervical and dorsal regions, and is confined exclusively to these fasciculi, not approaching the surface at any part.

Thoracic and abdominal viscera presented nothing of special

note. Heart normal. Aorta and its branches not atheromatous. Kidneys not fibroid.

Microscopical Examination.—In fresh teased portions of the patches from the brain there is seen: 1. A matrix, composed of extremely delicate fibres, closely interlaced with each other and forming a dense felt-work, the appearance of which resembles a bit of compact areolar tissue. The fibrils are of uniform size, somewhat wavy in their course, and here and there can be traced in connection with elongated fibre cells. 2. Corpuscles, scattered irregularly through the tissue, chiefly of a rounded form, about the size of colourless blood corpuscles, with granular protoplasm and a single nucleus; some are oval, and have a more translucent protoplasm. 3. Medullated nerve fibres occurring here and there in the matrix, usually two or three being seen in each field of the No. 7 (Hartnack). They are irregular, often broken into short bits, with the medulla coagulated. Towards the periphery of the patches they are more numerous. Some of them can be seen embraced by numerous small fibrils, crossing and interlacing upon the medulla, and forming a miniature basket-work about the fibre. Myelin droplets also occur. 4. Small arteries and capillaries, the former with extensive fatty infiltration of the adventitia, and here and there pigmentary deposition; the latter with numerous minute oil droplets imbedded in the walls.

Sections of the patches stained in hæmatoxylin or picrocarmine show a very loose arrangement of the tissue in the central part, often only a few bundles of fibres, with a blood-vessel or two, crossing and dividing a large central space. In small ones this gives an alveolated appearance to the patch; in larger ones, there appears to be a definite loss of substance in the centre, the delicate trabeculæ having been torn in the section. The same elements are seen as in the teased bits, but the cells are brought out more prominently by the staining, and appear more numerous. In the wavy bundles of fibres crossing the central part of the small patches the fibres seem larger. The blood-vessels are numerous, full of corpuscles; many of them are fatty; in others, particularly the larger ones, there is

an infiltration of leucocytes about the adventitia (perivascular lymph space) to an unusual extent.

This histological condition varied but little in the different patches examined.

Sections of the cord at different ends stained in carmine show a well marked descending sclerosis of the crossed pyramidal fasciculi, particularly of the left side. On the right side the process is not so advanced, the neuroglia not so thickened, and many more axis cylinders can be seen. In the mid-dorsal region the sclerosis in the left side touches the posterior corner and extends by the side of it nearly to the pia mater. There is no degeneration of the white matter on either side of the anterior median fissure, in the situation of the direct pyramidal fasciculi.

The ganglion cells of the grey matter are very granular, and contain numerous brown grains, chiefly aggregated about the nuclei, and often obscuring a large portion of the protoplasm.

Remarks.—First as to the *diagnosis* of these cases. In case I. there can be but little doubt. The peculiar tremor, thought to be characteristic, was present in a most typical manner; the voice was also becoming scanning. Subsequently the diagnosis was confirmed at the National Hospital for Paralysed and Epileptics in London.

In Case II. the disease is more advanced, and the diagnosis rendered difficult from the fact that in certain of its features it bears a resemblance to one of general paralysis of the insane, in which disease there are tremulousness of the tongue and facial muscles, imperfect articulation, unsteady gait, and sometimes tremor. The mental unsoundness as a rule precedes, as in this case, the somatic troubles. Certainly the appearance of the patient is strongly suggestive of this form of insanity; but I think the following facts are inconsistent with such a view: 1st, his recovery from the attack of insanity, the precise nature of which is uncertain, but he does not seem to have had folie ambitieuse; the mental symptoms in general paralysis are usually progressive; 2d, his present mental condition—by this time, considering the extent to which the paresis has extended, and

rectly gain instruction thereby, but in the hope that some members of this Society, whose experience in the use of anæsthetics will help to throw some light upon a still unsettled question, will instruct the junior members by telling them of the results of their practice, whether they be confirmatory or otherwise of the statements I am about to make.

To begin with, I shall ask you to listen to the history of this case, which I think is one of unusual interest—a case in which, in my own practice, the careful administration of chloroform nearly caused the death of a child.

On the 27th January, 1880, I was to circumcise a boy aged two years and seven months. He was a very healthy child, one of a very healthy family. I have had them all under my care for the last three years. The boy, though he had suffered much pain and inconvenience from the long tight prepuce, was apparently in excellent condition. A few minutes before the operation, I sent to the Medical Hall for one ounce of chloroform, in order that I might be certain that I was using a fresh and reliable material. I made the inhaler myself of a towel. The aperture at the top of the cone was unusually wide. The patient was placed supine at the end of a horizontal operating chair. All his clothes were removed, except his flannel shirt. Dr. Shepherd placed twenty minims (by measure) of chloroform on the inhaler. The boy scarcely cried or struggled at all, inhaled freely, and went under the influence of the anæsthetic almost immediately. At the time I thought that he went under too quickly, and I noticed that he was very pale, and that his eyes were upturned. The clamp was applied to the prepuce, and the knife was half way through it, when the boy came to and struggled very violently. Ten minims (by measure) were then added to the towel, and the child again fell asleep, quite suddenly, the pallor and upturning of the eyes being again noticeable. On completing the section of the prepuce and slitting up the mucous membrane, I noticed that the hæmorrhage was very slight. Without further warning, respiration suddenly ceased, and the pulse became imperceptible. There was deadly pallor. Dr. Shepherd immediately inverted

the child, and artificial respiration was put into practice. For a time, which of course seemed to me to be hours, but which was, I believe, nearly ten minutes, there was not the slightest response to our efforts. The time passed must have been considerable, for I had time to go out of the room and draw water in the pantry, and afterwards to go out to the back of the house to get snow to throw upon the child's body. I had also to hunt amongst my instruments, to find a forceps to hold up the tongue. At length the application of cold water caused the child to make one little gasp; a second and a third soon followed, and we desisted from our labours with a very hearty sigh of relief. The operation was continued; the child received no more chloroform, but remained asleep for some time after the last stitch had been put in. For the next forty-eight hours, the child slept almost incessantly.

I do not think that any one can say that the unpleasant event was due to any neglect of necessary precautions. The chloroform was measured, not dropped, and the quantity was noted. The makers were Duncan & Flockhart.

Very few cases of recovery are recorded, after the well-known pallor and cessation of respiration have occurred.

The American Practitioner (Feb. 5th, 1875) mentions a case in the practice of Dr. Jordan, of Birmingham, Alabama, much resembling this case of mine. The patient, aged eighteen, a girl, had chloroform given to her for tooth extraction. "After four or five inhalations, some spasmodic movements of the face being observed, the napkin was removed, and the patient directed to open her mouth, which she did, when the tooth was extracted without pain." The usual bad symptoms then set in. Inversion was practised, with artificial respiration. In about five minutes there was a faint attempt at breathing, followed, after a long and painful period, by another. As soon as she was put into the horizontal position the breathing again ceased, and the pulse disappeared. Inversion and artificial respiration were again practised, and the patient for the second time revived. Again she was put in a horizontal position, and again she fainted. She finally recovered, after about four hours' careful watching.

I believe it to be the custom of some surgeons to prefer chloroform for minor operations, on account of the facility with which it can be administered, especially, for instance, in tooth drawing. Now, it has been thought that chloroform, in these very operations, is more especially fatal. Any one may see, in the reports of chloroform deaths, the large proportion of deaths during the performance of minor operations. Moreover, some authorities on the subject of anæsthesia think that some particular operations predispose to poisoning. Thus, Dr. Kidd (*Medical Times and Gazette*, Oct. 5, 1861) states that the operations where nearly all the accidents have occurred have been those for removal of toe-nails, dead phalanges, tooth drawing, strabismus, operations on the testis, reduction of dislocations—all more or less connected with tendinous tissue; and to quote Dr. Richardson (*Medical Times and Gazette*, May 28th, 1861), "I see nothing in operative surgery (except that there seem to have been more deaths from the vapour when it has been used for minor than for major operations) to account for the fatality."

Seeing, then, that great risk attends the administration of chloroform, and that this risk is increased, rather than diminished, by the smallness of the dose and the trivial nature of the intended operation, is it not our duty to put aside anæsthetics as much as possible, and in cases where they must be used, to have recourse to some safer agent?

In fact, I go as far as the editor of the *Medical Times and Gazette*, who says (July 24th, 1875), "We never see it given to anæsthesia without anxiety, and we are prepared to maintain that its use in any minor operation is quite unjustifiable."

In one of the earliest collections of fatal cases, that of Dr. Crisp, brought before the Medical Society of London in 1852, there were records of twenty deaths. In four of these the chloroform had been given for tooth extraction, and in two other cases for the purpose of procuring sleep.

In Dr. Snow's fifty fatal cases the following operations were about to be performed: extraction of teeth and evulsion of toe-nails were most numerous, then follow fistula, opening of a sinus,

ligature of piles, application of potassa fusa to ulcers of the legs, and of nitric acid to venereal sores and warts (6 cases), removal of small tumors of the cheek, removal of necrosed bone.

The fatal cases of chloroform inhalation collected by Dr. Sansom are one hundred and seven in number. In sixty-two of these the anæsthetic was given for minor causes. Thus:

Minor Causes.—

Relief of Pain—Lead colic, neuralgia, toothache..	4
Examination of injuries and diseases.....	7
Minor Operations—Removal of toe-nails (5); of testicle (4); incisions in the perinæum and cauterization (11); extraction of teeth (8); fistula (5); amputation of fingers (4); of toe; of penis; opening sinus; removing piles; sounding bladder; catheterism; ligature of vessels; phymosis; polypus uteri; circumcision; squint (2); removal of fæces.....	51
	62

The Committee of the Medical and Chirurgical Society of London, published a list of one hundred and nine fatal cases. And again one cannot help being struck with the number of fatal cases in minor surgery, where probably a very small amount was administered. Thus, there were, out of the hundred and nine operations, five dislocations, nine removals of tumors, three examinations for injuries, twelve operations on the male genito-urinary organs, six applications of escharotics, six plastic operations, twelve tooth extractions, five removals of toe-nails, two cases where it was given for the relief of neuralgia.

In a table containing the particulars of one hundred and fifty-six deaths from chloroform, collected by Dr. Laurence Turnbull, Aural Surgeon to the Jefferson Medical College Hospital, in Philadelphia, there are fourteen cases of tooth extraction. The eldest of these cases was forty-three. The majority had no lesion to account for the fatal result. Amongst the other causes in this table for which chloroform had been given,

there were of ailments, facial neuralgia, asthma, headache, toothache, sleeplessness, uterine trouble; of operations, extractions of teeth as already mentioned; introduction of catheter, extraction of thorn, amputation of finger and toes, hydrocele, removal of dead bone, dressing of fracture, tumours of small size, fissures of anus.

Is chloroform a safe anæsthetic for children? I believe I am not in error in saying that the common belief is that children enjoy an immunity from the dangers of chloroform. "Chloroform seems also perfectly safe in children." This statement I quote from Holmes' *Principles and Practice of Surgery*. Snow, writing in 1858, states: "It is worthy of remark that none of the accidents from chloroform which have been recorded have occured to young children." I believe the prevalence of this opinion is based on the following considerations:

Deaths from chloroform may be divided into two classes, viz: (1) Those cases where an organic lesion is found to account for death; (2) those in which no such lesion is found. Now, children belong to the latter class, it not being a common thing to find heart-walls fattily degenerated in the young. Again, children are less frequently the subject of operation than are adults. I believe that a healthy child and a healthy adult stand an equal chance of poisoning. Chloroform is very frequently given to the young for very trifling reasons—often to allay fright, to satisfy a timid mother, or to gain for the operator the reputation of being a kind-hearted man, unable to witness the sufferings of a child.

Deaths from chloroform in children are more common than is generally supposed.

A case is mentioned in the *Medical Times and Gazette* (March 7th, 1857), where chloroform given for a nævus operation proved fatal to a child one year old.

Dr. Turnbull, in his *Anæsthetic Manual*, mentions eighteen fatal cases. The ages were one, two, four and a half, six, and the remainder up to twelve. In one patient aged twelve a tooth was being extracted; another, aged eight, was having a wound dressed, while the operation under which a third, aged eleven,

suffered, was for an "injury of the toe." The *Lancet* reports two deaths in 1867, one at University College Hospital, London, and one at Manchester, in children aged respectively eight and nine years. Both operations were for strabismus.

In the case which I have read before you this evening, the patient received altogether the vapour of only thirty minims. This, for a child of two and a half years of age, struck me as being an unusually small amount to produce such alarming symptoms. Indeed, in all the records of fatal cases I have seen, I cannot find any one where the death appears to have been caused directly by an over dose, or where the prolongation of the operation has brought about the fatal result. Dr. Richardson found that in small animals a very heavy vapour of chloroform caused instant death from direct action on the nervous system, and not from absorption into the blood; and after quoting Dr. Snow's table, showing that nine out of fifty cases died within the minute after the commencement of inhalation, and four of these within a few seconds, he goes on to say (*Medical Times and Gazette*, May 28th, 1870): "The moral of this point is of deep interest, and has at least two meanings. It tells us that chloroform, being a direct irritant, is, in that sense alone, an objectionable narcotic vapour; and it tells us further that it is a bad practice to commence the inhalation too abruptly, or to force on narcotism rudely against time." It seems, therefore, that chloroform kills merely by its presence, and that a person on whom, by idiosyncrasy, chloroform has a bad effect, will die as quickly from a small dose as from a large dose.

I have heard people talk of giving a "whiff of chloroform" just as they would talk of giving a patient a "drop of brandy" or a "sip of tea," and yet this whiff has often caused instantaneous death. Dr. Turnbull's 142nd case, a woman, aged twenty-five, with "uterine trouble," had "a whiff" amounting to a few drops. It is true that this woman was found to have had a fatty heart; but on the other hand, she had taken chloroform on a previous occasion without a bad symptom. Fifteen to twenty drops were fatal to the 21st case. Forty drops

caused death to the 156th case. This patient, whose age was thirty-eight, was anæsthetized to facilitate the reduction of a dislocation of the shoulder-joint. The heart had been examined before the operation, and was thought to be in a healthy condition, but the autopsy proved that it was fattily degenerated.

Dr. J. D. Gillespie, of Edinburgh, reports (*Lancet*, January 6th, 1864) that he gave a young lady who was timid about the extraction of a tooth, fifty minims of chloroform in two doses. She died, but there were no lesions to account for the fatal result.

I have noticed that in the great majority of fatal cases the bad symptoms set in on the administration of the second dose. My patient ceased breathing on the second administration (the ten-minim dose). This is probably not so much due to the cumulative effects of the agent itself as to the fact that it is usually given in the struggling stage, which is thought to be the most dangerous period.

At Leicester (*Lancet*, September 3rd, 1876), half a drachm of chloroform caused the death of a man, aged fifty. To quote the comment of the editor of the *Lancet*, "Died from the administration of a dose of chloroform scarcely larger than that which is constantly given by unskilled administrators for the relief of cough and dyspnœa, and the conditions on which death depended were undiscoverable during life."

In Dr. Snow's sixteenth case the patient, aged twenty-four, died after the inhalation of forty minims in two doses.

Such are the results which can be brought about by a "whiff of chloroform."

The length of time during which the bad symptoms are present varies in different cases. In this case of mine it seemed very long; but I think the period during which the child did not breathe must have been somewhere between five and ten minutes. Mr. Jonathan Hutchinson (*British Medical Journal*, March 8th, 1873) writes as follows. "In a case of a girl at Reigate, in whom apparent death occurred during excision of the knee, we had to perform artificial respiration for at least *ten*

minutes before any signs of reanimation occurred. In another case at the London Hospital, in an amputation of the thigh, the period during which I thought the patient dead was almost as long."

Mr. Lawson Tait (*The Practitioner*, February, 1876) found the treatment of chloroform poisoning by inversion and artificial respiration successful in the case of a girl, aged 18, on whom he was performing Amussat's operation. He thinks it was "fully five minutes before she resumed respiration independently of assistance."

CLINICAL NOTE ON ATROPINE POISONING.

By T. W. MILLS, M.A., M.D., Resident Physician Hamilton City Hospital.

E. McM., æt. 25, was treated for some weeks in the wards of the hospital for iritis, and left owing to the conflagration which rendered the hospital unfit for occupation Oct. 28, 1879. The patient was directed to continue the treatment outside, the principal part of which was the introduction into the eye, at intervals of 4–5 hours, of a drop of solution of atropine of the strength of 6 grains to the ounce of distilled water.

Having called to report herself in December, it was found that she was suffering from symptoms that demanded immediate attention; accordingly she was readmitted December 5th.

The principal symptoms on admission were: An exceedingly small, rapid, and feeble pulse; marked anorexia, nausea, coldness and lividity of the surface, chilliness, dryness of the fauces, &c.; thirst, but partially relieved by drinking; widely dilated pupils, nervousness, extreme susceptibility of the emotions, with most marked depression of spirits. There was also polyuria (7 pints of urine voided in 24 hours), and albuminuria to the extent of 40 per cent.

The patient was put upon a nutritious (largely liquid) diet; made comfortably warm, given an occasional hot bath, and opium in one grain doses every 3–4 hours.

The symptoms were almost unchanged for several days, but after persevering with this treatment for 8-10 days these disorders

began to give place to the natural state of things, and the patient left the hospital in fair health to commence work on Jan. 2, 1880. The opium treatment was not continued thus frequently throughout, but after a week, modified so that during the last few days she took none whatever. It never was ascertained exactly how the poisoning occurred.

The one point to which attention is especially directed is *the presence of albumen to a marked extent in the urine.* This patient's urine had been examined on admission and found healthy. It also became normal before her discharge both as to quantity and character; from this it would appear that it was a case of albuminuria, induced by poisonous quantities of atropine.

I do not know whether this has been recognized as a common symptom, or a symptom at all of atropine poisoning; it does not, however, appear to be mentioned in at least a large number of medical works in which atropine poisoning is referred to, including Ziemssen.

Further observations in this direction seem called for; however, should this impression be erroneous, and if albuminuria has been hitherto fully recognized as a symptom in these cases, the writer of these notes will be glad to hear of it.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER DR. ROSS.

Aneurism of the Aorta simulating one of the Arteria Innominata—Improvement—Death from Pneumonia.—Reported by Mr. B. E. McKENZIE.

S. W., æt. 38, a powerful man of large frame, was admitted on the 10th Nov., 1879. Was a maltster by trade, but has been employed for some years at hard laborer's work. Has always been somewhat addicted to drink, and recently, having been employed in a brewery, had indulged largely in beer. Has had gonorrhœa and chancres several times. Fourteen years ago was treated in Toronto Hospital for syphilis. Had marked secondary

rash and other symptoms. About eight years ago had inflammatory rheumatism, being confined to bed for six weeks. Has since then frequently complained of rheumatic pains in various joints. Attended at the out-door room during the past summer, and was treated for pains in the chest.

Present condition.—Complains of shortness of breath and a cough, without expectoration. For some weeks past he has been suffering from pains at the top of the right shoulder, and extending up that side of the neck to behind the ear. This pain has been increasing very much of late. It is paroxysmal and stabbing. At times it is intense, and quite prevents sleep. A few days ago he had a sudden attack of dyspnœa whilst walking quietly in the street; this was accompanied by considerable asthmatic wheezing. There has been no return of this. He has a very frequent, dry and tearing cough. His voice has been changing, and is now decidedly husky. When he coughs the sound is markedly hoarse and croaking.

On inspection, distinct strong pulsation is seen above the right sterno-clavicular joint and at the right side of the episternal notch; this is strong enough to be somewhat diffused at the root of the neck. By palpation, the outlines of a pulsating tumor can be plainly felt. It is situated above and behind the right sterno-clavicular articulation, with a smooth-rounded upper surface. Very powerful systolic pulsation is observed. With one finger in the sternal notch and another outside the tumor, similar vigorous lateral pulsation can be felt. Laryngeal communicated throbbing is also very distinct, as felt by grasping the larynx when the head is thrown back. There is a small area of dulness beneath the inner end of the right clavicle; and a loud blowing systolic murmur is heard with most intensity at that spot and diffused through a considerable area of the sternum. Apex-beat, close to the nipple, just below and outside of it. First sound here rather increased. Pulse 85. No difference in the radials. Pupils equal. Urine normal. Examination of the larynx was made with some difficulty, owing to its being apparently pushed a little to the left. Right vocal cord is deficient in movement. Otherwise nothing abnormal. He was ordered at first potass.

bromid. gr. xv., with acid hydrocyanic dil. gtt. ii every 4 hours, with a view of allaying the distressing cough and laryngeal irritation. On the 18th more special treatment was begun. He was ordered to be kept entirely in bed, as motionless as possible, and to take potass. iodid. gr. xx thrice daily.

This was followed by great relief to the severe neuralgic pains previously complained of, but no alteration was perceptible in the tumor. After he had been in a short time, a consultation of the staff was held with a view of determining the correctness of the diagnosis, and also the possibility of surgical interference. Dr. Ross believed the tumor to be Aneurism of the Innominate Artery, but thought it more than probable that the aorta near its seat was also involved. All those who saw it agreed that it was certainly innominate. Dr. Fenwick would ligature the carotid artery, if requested, but did not urge the procedure very strongly. The case having been fairly laid before the man himself, he decided not to allow of any operation. He therefore remained under treatment until the 8th December, when he was discharged at his own request, free from pain, but without improvement in the local conditions. He went home, where he remained for about six weeks, taking 3i a day of potass. iodid. as an out-patient. He then procured admission into the Protestant House of Industry and Refuge. Here he was taken very ill, and the attending physician, Dr. McConnell, was sent for. I am indebted to Dr. McConnell for the following facts, as well as for the opportunity of securing a *post-mortem* examination of the parts: On the 15th March, 1880, S. W. was found sitting up in bed, suffering from great dyspnœa, racking cough, fever, and pain in the chest; pulse 140; general loud rhonchi, covering the heart-sounds. Pneumonia was diagnosticated, but the physical signs, owing to the circumstances mentioned, could not be satisfactorily made out. He became rapidly worse and died two days after.

Autopsy.—Body that of a large, powerfully-built man. In thorax there is an unusual fulness about the upper mediastinal region, which on dissection is seen to be due to dilatation of the aortic arch. A projection from it extends behind the sterno-

clavicular articulation in the right side. Heart and aneurismal dilatation removed together; chambers, especially the right, contain clotted blood. Left ventricle a little large, walls somewhat increased in thickness; aortic valves are thickened and opaque, but retain their shape. The aortic arch is uniformly dilated and of large size, the intima extensively atheromatous and roughened. Projecting from it just before the innominate is given off is an aneurismal dilatation about the size of a walnut, somewhat conical in shape, and passes off by the side of the innominate and occupied a position immediately behind the sterno-clavicular articulation. The left lung, lower lobe, is hepatized. Nothing special in other organs.

Remarks by Dr. Ross.—Any one interested in this subject I would refer for some discussion on the case to Vol. VIII., page 451, of this *Journal*, when the morbid specimen was presented to the Medico-Chirurgical Society. Some time since I saw several times with Dr. Fenwick a patient then under his care for an innominate aneurism. That it really was purely of this nature was proved by the subsequent autopsy. The similarity between the symptoms and physical signs in that case and S. W.'s was very striking, so much so that not one of us entertained any doubt as to the dilatation felt and capable of being accurately mapped out by one's fingers, belonging to the Arteria Innominata. So satisfied were we with the diagnosis, that if the patient had consented, I should have had the operation of ligation of the common carotid artery performed by Dr. Fenwick, the result of which, I need hardly say, would have been at best but negative. And still, the tumor proved to be entirely aortic, the singularity being that such a small area of that vessel was involved, and then the coats allowed themselves to be pouched upwards in such a way and in such situation as apparently to occupy exactly the place naturally occupied by an enlargement of the vessel which we accused of being at fault. The case, therefore, must be looked upon as of interest, since it points out a possible source of error. The error I still think to have been unavoidable, for I do not see how under such circumstances a positive differential diagnosis would be possible. It will also be observed that severe

neuralgic pain, the result of the aneurismal pressure, was relieved by potass. iodid. I have now seen this occur so often that I have no doubt of the great value of this drug for the purpose designated.

SURGICAL CASES UNDER DR. FENWICK

Wound in Brachial Artery treated by Ligation.—Under Dr. Fenwick.

G. M., æt. 19, a strong, well-nourished lad, on the 14th June last was engaged in washing beer bottles, and on attempting to remove a cork from one by means of a wire cork extractor, he accidentally broke the bottle at the neck and inflicted a wound in his left forearm, just at the bend of the elbow. The profuse bleeding which followed was soon checked by means of a bandage applied to the arm. The patient was then removed to the Hospital, where he was seen by Dr. Fenwick, who, on examination, found a wound in the triangular space at the bend of the elbow, running longitudinally for about three inches, and extending through the integument and fascia to the vessels in that space; the forearm and hand were considerably blanched, and pulsation at the wrist was quite imperceptible. On removing the bandage from the arm furious bleeding followed, but was checked by means of an Esmarch's bandage. Ether was then administered, and the wound was enlarged slightly upwards. The bicipital fascia was found divided where it passes over the brachial artery; the vessel was exposed, and found to have a piece about the size of a split pea completely gouged out to the extent of half the circumference of that vessel. The median basilic vein had to be secured by a ligature, and the artery ligated firmly above and below the seat of injury; the parts were then brought together by catgut sutures, and the whole dressed antiseptically.

On the following day the patient complained of severe pain in the region of the wound and extending up the arm to the shoulder. There was some slight oozing from the wound, which otherwise looked quite healthy.

On the fourth day after the operation, distinct, but feeble,

pulsation was felt at the wrist. Wound looked perfectly healthy, sutures were removed, and this caused slight gaping of the wound. The parts were then drawn together by strips of plaster. On the fourteenth day the patient was discharged, the wound being then perfectly healed. There was no contraction of the limb, nor was there any tendency to secondary hæmorrhage.

Correspondence.

To the Editor of The Canada Medical & Surgical Journal.

Dear Sir,—I have just been perusing the annual report of a local Temple of Lucina, which shows the highly satisfactory manner in which the worship of the Goddess is carried on, financially and clinically—especially clinically. I was glad—very glad—to see that of the large number (109) of parturient victims sacrificed at the shrine of the daughter of Jupiter, there were but two "breach" presentations. Evidently a tendency amongst these devotees to carry out nature's laws in the observance.

This temple possesses a kind of chapel of ease, called the Out-Door Department, devoted to the use of speculum and sound. Here is the list of diseases treated there during the past year:

Diseases.—Ulcus Os Uteri, 34; Chlorosis, 11; Leucorrhœa, 32; Enceinte, 15; Amenorrhœa, 18; Prolapsus Uteri, 7; Retroflexio Uteri, 3; Hyperplasia Uteri, 9; Subinvolution Uteri, 1: Antiflexio Uteri, 4; Endometritis, 22; Anæmia, 39; Ut. Fibroid, 4; Gonorrhœa, 8; Stricture Cervix Ut., 1; Ovaritis, 11; Syphilis, 15; Menopause, 5; Metritis, 1; Menorrhagia, 15; Antiversion Ut., 2; Hysteria, 13; Pelv. Cellulitis, 1; Neuralgia, 6; Cancer, 3; Vaginitis, 2; Gravel, 3; Ascites, 4; Abortion, 1; Retroversion Ut., 5; Metrorrhagia, 1.

Have our unfortunate fellow-creatures of the opposite sex so many diseases peculiarly their own that the compiler of a report such as this cannot even name them witnout using less than four languages? For instance, he uses English in "Gravel," Latin in "Prolapsus Uteri," Greek in "Chlorosis" and French

in "Enceinte." Of the trouble last mentioned—that alarming and (alas!) too-prevalent disease—there were, as the reader may see, no less than fifteen cases treated (?) in the chapel of ease.

Then, in an institution where generative disorders are so ably treated, one would hardly expect to find disorders of genitive cases. Here, unfortunately, is one, "Ulcus Os Uteri." "Subinvolution Uteri" is a not altogether disagreeable mixture of two languages, something like "Stricture Cervix Uteri," another compound term used.

But what is "Antiversion Uteri"? Perhaps it's a new disease. At all events it is new to me. I have heard of anteversions, of anteflexions, of lateral curves, of wombs turned inside out, of wombs pointed upwards, as if they were taking aim at the lobus Spigelii, but I never heard of an "antiversion" before. In conclusion, let us suggest that the notes of these two cases should be published. "What I know about Antiversion, including an Account of the Successful Treatment of Two Cases, with Remarks on the Syntax of the Dead Languages, and the Orthography of some of the Modern," would be an appropriate and taking title for the paper.

Yours truly,

SCRUTATOR.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

DEAR SIR,—In your issue for July I notice a paragraph relating to the death of a patient in the City Hospital as a result of chloroform; and from the report it might be inferred that the unfortunate woman was a patient of mine, and that I had been present during the administration of the anæsthetic. The facts are, that she had been admitted during my month of attendance, had been once operated on during the month, and when the end of the month came was still a patient. In common with most of the other cases, I handed her over to my successor on the 1st of June, and at the time of the unfortunate occurrence I was in another ward, testing a new thermometer. This having been done, I returned to the ward where the woman

was, and found that already the Attending Physician and the House Surgeon had begun to use the customary means of restoring animation, in which endeavor I of course assisted, but, most unfortunately, without avail, as no doubt she was already dead.

By kindly inserting this correction, you will greatly oblige,

Yours faithfully,

E. GRAVES KITTSON.

HAMILTON, July 22nd, 1880.

Reviews and Notices of Books.

A Practical Treatise on Sea-Sickness—its Symptoms, Nature and Treatment.—By GEORGE M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences, &c., &c. New York: E. B. Treat.

Dr. Beard, no doubt, here writes whereof he knows, having had "much experience at sea, on long and short voyages, and in different climates." The doctrine he supports, and which is undoubtedly the most rational, is that sea-sickness is a functional disorder of the central nervous system. He fully exposes the absurdities people are led into, from the foolish supposition that the trouble lies in the stomach or digestive apparatus—the popular notion that *biliousness* is the main operative cause—and then proceeds to give his reasons for supporting the theory of central nervous disturbance. The hypothesis of vascular derangement (cerebral anæmia) is rejected as untenable. The treatment recommended consists (1) in the preliminary use of bromide of sodium in large doses. It should be taken for two or three days previous to sailing, so that the individual may become mildly bromized before reaching rough water; and this mild bromism is to be kept up during the voyage, if necessary. (2) In the use of sulphate of atropia—from gr. 1-120 to gr. 1-25, sufficiently often to produce great dryness of the mouth. This treatment may be used either alone or in combination with the bromide. (3) The powdered citrate

of caffeine, in 2- or 3-grain doses, for the sick headache. It is claimed by the author that he has by these means obtained a high degree of success. This plan of treatment certainly commends itself strongly to one's judgment as being rational, and calculated to meet the required end. The power of the bromide over the centre governing emesis is well known; then, dull the sensitiveness of that centre by a few repeated large doses of bromide, and causes which, without this, would have induced vomiting, will now be quite inadequate to bring this about. We advise all to read this very interesting little book. Having ourselves had some experience—both personal and otherwise—of this distressing malady, we have been much struck with the truth of many of Dr. Beard's observations, especially with reference to diet and hygiene on ship-board. We are convinced that the pathology here supported is correct, and that the therapeusis founded thereon is certainly a move in the right direction, though it probably will be improved upon by subsequent observers.

A Treatise on Oral Deformities as a Branch of Mechanical Surgery.—By NORMAN W. KINGSLEY, M.D.S., D.D.S., President of the Board of Censors of the State of New York; late Dean of the New York College of Dentistry, and Professor of Dental Art and Mechanism, &c., &c. With over 350 illustrations. New York: D. Appleton & Co.

Part I. of this work is upon irregularities of the teeth, and does not particularly concern the general surgeon; although, for the specialist, there are a number of interesting points connected with the causes of, and best means of remedying, various kinds of irregularities in the teeth themselves, and also in the shape and development of the bones, and their alveolar processes. Part II. is upon palatine defects. The subject of cleft palate is fully treated of from the author's own standpoint. We lately published in this *Journal* an extract from a recent communication of Dr. Kingsley on this subject, from which it will be remembered that Dr. K. claims that deficiencies in the palate

can be remedied better by mechanical means than by operative interference. Certainly he brings forward a great mass of evidence in favor of this assertion. A short time ago we sent a patient thus afflicted to Dr. K., and have no hesitation in saying that, with the apparatus furnished him in New York, he speaks far better than any person we have ever listened to, after the operation of staphylorrhaphy. No doubt the most minute care must be taken with the construction and fitting of such a piece of mechanism. It is probable, therefore, that the making of these artificial palates will for some time remain confined to a few skilled hands. Part III. treats of maxillary fractures. All the fractures of the jaw-bones commonly met with are described, with the best mechanical appliances for retaining the broken ends in place. We have often thought that in these cases, which not unfrequently are sufficiently troublesome, the general practitioners do not (in cities) often enough avail themselves of the assistance of the practising dentist. The latter often possesses superior mechanical skill, and can give suggestions, and indicate practical appliances, especially within the mouth, which may aid materially in promoting rapid union. At any rate, in the absence of any such assistance at hand, Dr. Kingsley's book will be found an excellent one for reference when studying out the best line of treatment in one of these cases. The chapters we have indicated are those which will chiefly interest medical men, and they are well worth their attention. In conclusion, chapters are added upon the mechanism of speech and the æsthetics of dentistry.

Sea-Air and Sea-Bathing. —By JOHN H. PACKARD, M.D., Surgeon to the Episcopal Hospital. Philadelphia: Presley Blakiston.

This is a further addition to the Health Primer Series. It contains several chapters dealing with several of the important subjects in connection with seaside resorts and sea-bathing, with which it behoves all, and especially medical men, to be acquainted. The ways in which accidents happen—the rules

which should govern invalids with reference to bathing—cottage life and sanitary matters at the seashore—these topics, and a great many others connected with salt-water bathing and swimming, are talked about in a very instructive and popular fashion. This manual adds a useful member to the Primers, which will no doubt be extensively read, and will do an amount of good commensurate with their circulation.

The Venereal Diseases, including Stricture of the Male Urethra.—By E. L. KEYES, A.M., M.D., Professor of Dermatology and Adjunct Professor of Surgery in the Bellevue Hospital Medical College; one of the Surgeons of Bellevue Hospital; Consulting Surgeon to the Charity Hospital, &c. New York: Wm. Wood & Co.

This work, which is one of the new series of Wood's Medical Library, is one avowedly addressed to the general practitioner, and therefore does not pretend to deal exhaustively with theoretical and moot points. Discussions on these matters being excluded, it has been found possible to condense the whole of a large subject into small space without sacrificing anything of essential consequence. Prof. Keyes holds strong views upon the points of most interest in connection with the subject of syphilis, and states his convictions in a very fair and scientific manner. His teaching on the question of duality is gathered from the following statement, to be found in the preface: "I have opposed the views of those gentlemen who are throwing confusion in the way of the general practitioner, by trying to break down the distinctions between the initial lesion of true syphilis, and chancroid; and who teach that chancroid may be derived from the products of the syphilitic early or late lesions." He claims that there is no proof of prevention of constitutional disorder by excision of the part locally affected. He thinks that too much stress is laid by many of the modern school upon undulations in the calibre of the flaccid urethra, and that they claim too much success as the result of the division of these partial stenoses. The whole is carefully prepared, and is illustrated by numerous wood-cuts, many of them original, and

some reproduced from photographic plates of Dr. G. H. Fox, who has recently presented such an admirable series of representations of skin disease.

The Hysterical Element in Orthopædic Surgery.—By NEWTON M. SHAFFER, M.D., Surgeon in charge of the New York Orthopædic Dispensary; Orthopædic Surgeon to St. Luke's Hospital, N. Y. New York: G. P. Putnam's Sons.

This is the book form of an essay read before the New York Neurological Society, and which first appeared in the *Archives of Medicine.* It is a thoughtful communication upon an important subject—a subject which will probably never lose its interest to the student of psychology and the influence of the nervous system, and will retain it in a high degree as long as the actual nature of Hysteria itself is so ill-understood. The remarkable tendency in persons the subject of this nervous disorder, to the production of both paralysis and spasmodic contractions of muscles, leads to many of its victims being submitted to the orthopædic surgeon. The notorious accuracy with which the Protean malady is capable of simulating organic affections of joints and other parts of limbs, adds to the importance of using every means to diagnosticate between the two. The author treats first of nervous mimicry of knee-joint disease, then that of hip-joint disease and of Pott's curvature of the spine. The simulation of lateral curvature is also discussed, and then "hysterical club-foot." A great many rules and suggestions are given by the author, to assist in establishing a correct diagnosis upon a firm basis. These, as drawn from extensive observation, will doubtless be found valuable to others in similar circumstances. The paper contains numerous original cases, which serve to illustrate the various points of interest, and considerable attention is given to the subject of treatment, the author mentioning specially those forms which he has found most successful in overcoming these troublesome, sometimes unmanageable complaints.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting of the Society was held June 11th, 1880, the President in the chair.

Dr. Hingston brought to the notice of the Society a patient from the Hotel Dieu Hospital, presenting an unusual skin disease. On first appearance Dr. Hingston thought it case of syphilis, but on further consideration defined it as a case of epithelioma. The patient first suffered with intolerable itching, which caused him to scratch himself very frequently. This was followed by a patch of the disease on the leg. It then in succession developed itself on the other extremities, and on the body. The sores are for the most part circular, and everted with dense unyielding edges, except in one case. Some of them are 2½ inches in diameter. The man is married, and has had nine children, all of whom are healthy. He denies ever having had syphilis.

Dr. Roddick said he had seen a case under Mr. Hutchinson, in London, where, from a mistake, a patient had taken for some time a large quantity of iodide of potassium, followed by a skin affection very similar in appearance to the one exhibited. Dr. Roddick considered this to be a case of undoubted syphilis, and reasoned from the basis that possibly this man had contracted the disease from one of his sons.

Dr. Osler thought it looked more like a rare case of multiple Sarcoma.

The President said this was the first time he had ever seen such a case, but the everted and dense unyielding edge is that of cutaneous cancer. The glands are hypertrophied, but elastic. He felt there was yet much to learn of this case.

Dr. Osler presented as pathological specimens—1st, a miner's lung, being the third case he had met in the autopsy room of the General Hospital during the past three years. The second case was one of umbilical hernia.

Dr. Smith exhibited the brain of a seaman who had died suddenly after a few days' illness. A large hæmorrhage was seen at the base of the brain. This man had had syphilis.

Dr. Osler said this case presented similar appearances to one brought before the Society a year ago. There may have been syphilitic disease of the vessels which has led to thinning of the coats, or else a small aneurism resulting from heart disease.

Dr. Ross then read a paper on "Spasmodic Stricture of the Œsophagus." In the discussion following, Drs. Hingston, Baynes, Kennedy and Bessey mentioned cases occurring in practice which had been relieved by passing a bougie.

Dr. Trenholme said that care should be exercised least the case should prove to be malignant and not simple spasm.

The President said he had had a case in which the patient could not swallow when at the table, but could if she retired to her room. Here the trouble was simply mental.

Dr. Bessey then presented to the Society a communication regarding the establishing of a vaccine institute for the Province of Quebec. In regard to this matter the following resolution was moved by Dr. F. W. Campbell, seconded by Dr. Trenholme:—

That the Medico-Chirurgical Society of Montreal, aware of the difficulty of obtaining vaccine of a reliable character, heartily approves of the establishing of an institution where such can be readily obtained at all times, and therefore endorses the petition presented by Dr. Bessey, and the officers of the Society are instructed to sign the petition on behalf of the Society.

The matter of a more suitable conveyance for taking patients to the Hospital was brought forward, and on motion of Dr. F. W. Campbell, seconded by Dr. Roddick, the Secretary was instructed to write to the City Clerk, calling his attention to the fact that although, upon two previous occasions, the Society has drawn attention to the very unsuitable character of the conveyance used to take patients to the small-pox hospital, no action has as yet been taken in the matter. That the Medico-Chirurgical Society are strongly of the opinion that the matter is very important, and needs immediate attention.

The meeting then adjourned.

The regular meeting of this Society was held June 25th, 1880, the President in the chair.

Dr. Osler exhibited—1st, A specimen of apoplexy of the pons, occurring in a woman aged 38, who had been in the Hospital nearly nine months with obscure brain symptoms and difficulty in walking. About a year ago she had an apoplectic attack, and was unconscious for three days. Since this date she has been confined to bed, and has not been able to walk without assistance. During her stay in Hospital the symptoms have remained about the same. The legs have not wasted; motor power is impaired, sensation also diminished. Power over sphincters retained. Intellect obscured; she is very dull, and it is with difficulty that intelligent answers can be obtained. On June 19th she had another apoplectic attack, became rapidly comatose, and died in about 36 hours. Unfortunately, the gentleman in charge neglected to take notes of the condition at and subsequent to the time of the attack. At the autopsy there was found (1) extensive atheromatous disease of the cerebral arteries, (2) an old apoplectic cyst in right lobe of cerebellum, and (3) hæmorrhage into the pons, chiefly on the right side and extending to the floor of the ventricle, and lacerating the contiguous part of the cerebellum. No aneurism was found, nor any of the miliary dilatations of the vessels met with sometimes in cerebral hæmorrhage.

2nd, Spinal cord in case of Spastic Paraplegia. Patient admitted to General Hospital on 21st of May with difficulty in walking and incontinence of urine. He had been a heavy drinker and had indulged to excess in venery. Had weakness of the legs for several years, but it had become much worse during the past nine months. The gait was peculiar, and conformed to that described by Erb as "spastic" in character. The incontinence of urine was from over-distension of the bladder, to empty which the catheter had to be used. This trouble had lasted four or five years. The symptoms in the Hospital were almost entirely gastric and intestinal. Severe vomiting and diarrhœa set in about a week after his admission, and were with difficulty controlled. The vomiting recurred and became uncontrollable; patient became exhausted and died on the 11th June. The urine was usually clear, but on three occasions there was a heavy purulent deposit. The diagnosis was Lateral Sclerosis of the Cord. At

the autopsy, an area of grey degeneration was found involving both lateral columns in the posterior part, extending to the pia mater, chiefly in the dorsal region. In the upper dorsal and cervical there is sclerosis of the posterior median columns. There was extensive tuberculous disease of the kidneys and bladder.

The importance of this case rests upon the fact that the exact morbid anatomy of spasmodic spinal paralysis has not yet been determined. Erb and Charcot suppose that the lateral columns are the seat of the disease, because in degeneration of these parts, secondary to cerebral lesions, there is spasmodic paralysis. Whether in this case the lateral sclerosis is primary, or whether it depends on some limited spot of myelitis in the upper dorsal region, must be determined by careful section of the entire cord.

Dr. Osler then read a paper on "Three cases of Insular Sclerosis." (These will be found amongst the "Original Communications.")

The Secretary read a letter from the City Board of Health acknowledging certain resolutions which had been sent the Board by the Society. The letter was referred to the Council, to report on at next meeting.

The Secretary read a letter from Mr. John Lewis, druggist, Victoria Square, requesting the Society's acceptance of two beautifully-framed pictures, which he desired to contribute towards furnishing the new rooms.

The Society accepted the gift, and a vote of thanks to Mr. Lewis was moved by Dr. Roddick, seconded by Dr. Blackader, and the Secretary was requested to send a copy of the resolutions to Mr. Lewis.

Dr. Osler moved, seconded by Dr. Smith, that the sum of fifty dollars be expended in procuring current medical literature for the Society's reading room. The motion was carried, and the President appointed Drs. Osler, Campbell and Ross a committee to select the papers most suitable.

Dr. Edwards moved, seconded by Dr. Blackader, that Dr. Bell be elected librarian. *Carried.*

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Cancer of the Female Generative Organs.—Prof. John Clay, Obstetric Surgeon to the Queen's Hospital, Birmingham, writes to the London *Lancet*, a communication which is of the "utmost importance, if true." Prof. Clay became convinced that a remedy for cancer must be one to be administered internally, and that it must be of such a nature as not to interfere with the functions of the special organs, or otherwise to injuriously affect the nutrition of the body; and at the same time be capable of being administered for a length of time sufficient to effect the removal of the disorder. He tested a large number of substances which might be capable of curing or arresting the disease, and finally, after a careful study of the pathology of cancer, and the effects of certain carbo-hydrates administered internally, came to the conclusion that a remedy for cancer might be found among them. A list of the apparently most eligible of this class of bodies was made, and their therapeutic properties studied. It was obvious that most of them were unsuitable for this purpose on account of their known specific properties, as well as of exciting a special action upon certain structures and organs. Besides, their administration could not be expected to be sustained for any sufficient length of time, even if they were likely to act on the morbid growth. Circumstances, however (which he does not explain), led him to think differently of the Chian turpentine, and he determined to give it a trial on the first opportunity. The first case he relates as follows:

"A woman came to the hospital as an out-patient, aged fifty-two. She was suffering from scirrhus cancer of the cervix and body of the uterus. Hæmorrhage was excessive, pain of the back and abdomen agonizing, and cancerous cachexia well marked. The patient evidently had not a long time to live. The uterus was so extensively destroyed by the cancerous ulceration that its cavity readily admitted three fingers. In such a case it appeared to be justifiable to attempt to relieve the suf-

ferings of the patient, even if the remedy should produce unfavorable symptoms, or should prove of no avail. I therefore prescribed Chian turpentine, six grains, flowers of sulphur, four grains, to be made into two pills, to be taken every four hours. No opiates were prescribed or lotion used. No change was made in her diet or occupation. On the fourth day after taking the medicine the patient reported herself greatly relieved from pain and was in better spirits, but she complained of a large amount of discharge. It was feared that she referred to a discharge of a sanguineous nature. On examination, however, the vagina was found to be filled with a dirty white secretion, so tenacious as to be capable of being pulled out rope-like; and this although she had syringed herself three hours previously. The os was quite contracted, and would now scarcely admit the finger, and the surrounding swelling, or cancerous infiltration of the cervix was much reduced. On the twelfth day the thick tenacious secretion had almost disappeared, and was succeeded by a somewhat copious serous fluid. The os was not so firmly contracted, but would only admit the finger. The patient's general health was improved, and the medicine well tolerated. Sixth week: I ordered her a quinine mixture, in conjunction with the turpentine; but sickness supervened, which ceased on omitting the quinine. Twelfth week: My notes are—the parts feel ragged and uneven, and do not bleed on simply touching them. The speculum shows several cicatricial spots. The turpentine has been taken regularly during the day for twelve weeks every four hours, during which time she has been almost free from pain, and has had no hæmorrhage; no glandular enlargement; general health improved. Walks easily to the hospital, being about a mile distant. As the patient did not come again to the hospital, her address was obtained, and it was ascertained that she had left her residence. Being a widow, she could not afford to keep house, and she went to reside with her married daughter in a northern town, but left no address. The case showed that the medicine was one of great power in cancer of the uterus, and it is to be regretted that an opportunity was not offered for fully carrying out the treatment."

The second case was one similar in character, the patient being thirty-one years old. Prof. Clay concludes the account of it with the remark: "The turpentine acted upon the growth with great vigor, literally melting it away in the brief period of four or five weeks."

The third case was one of epithelial cancer of the os, cervix, and the body of the uterus, in a woman aged fifty-two years. The mass was larger than a cricket-ball, almost filling the vagina, which was not involved. She had had repeated hæmorrhages, much pain, and the cancerous cachexia was well marked. As an experiment, one-sixth grain ammoniated copper was added to each dose of the turpentine and sulphur. In two weeks improvement was manifest. Sixth week: The surface of the tumor was at the level of the os uteri, and seems to consist of a mass of blood-vessels, which bled moderately after examination. The copper caused disturbance of the stomach and bowels, and had to be discontinued. In nineteen weeks she was fairly convalescent. The growth had almost disappeared, and the parts beyond the os uteri, although somewhat hypertrophied, were yet almost normal to the touch.

The fourth case was that of a woman aged thirty-two years. There was a cancerous mass of the posterior parts of the os and cervix, of the size of a goose egg. The turpentine mixture was given her three times daily, and by the sixteenth day the growth had almost disappeared. The same condition of the vessels was observed as in the preceding case. In the ninth week the medicine seemed to occasion some disturbance, and was discontinued, five-grain doses of iodide of calcium being substituted. After a fortnight, the patient not feeling so well, the former treatment was resumed. She very rapidly improved, and is now convalescent.

The "mixture" referred to is made thus: An ounce of Chian turpentine is dissolved in two ounces of pure (anæsthetic) sulphuric ether; the solution takes place at once. This forms the "solution of Chian turpentine." Half an ounce of this, mixed with four ounces of solution of tragacanth, one ounce of syrup, forty grains flowers of sulphur, and water to sixteen

ounces, to form an emulsion. Dose, one ounce three times daily.

"Other cases are under treatment, both in the hospital and privately, all showing similar effects. The remedy is now being tried in cancer of other organs, and apparently with good results. One of the most interesting, perhaps, is a case of scirrhus of the breast, which has been under observation for some weeks. Among the other cases are cancer of the vulva, stomach and abdomen, in which very remarkable benefit has been already produced."

Oil of turpentine, Venice and Strasbourg turpentines, produce no such beneficial effects. The maximum dose of the Chian turpentine which can be safely and continuously given is twenty-five grains daily. It is advisable to discontinue the remedy for a few days after ten or twelve weeks' constant administration, and then to resume it as before. He has always given sulphur with it, but is doubtful about there being much benefit from the combination. Other drugs given with it seem not to add to the beneficial results, and often seem harmful. As to its mode of action he says:

"The turpentine appears to act upon the periphery of the growth with great vigor, causing the speedy disappearance of what is usually termed the cancerous infiltration, and thereby arresting the further development of the tumor. It produces equally efficient results on the whole mass, seemingly destroying its vitality, but more slowly. It appears to dissolve the cancer cells, leaving the vessels to become subsequently atrophied, and the firmer structures to gradually gain a comparatively normal condition."

Again, "judging by my experience, it is no figurative expression to say that it acts as a direct poison upon the growth, probably causing its ultimate death."

In the early stages of cancer, he thinks that an undoubted cure may take place speedily under its use, and that a recurrence of the disease need not be feared.

Artificial Respiration in Asphyxia.—A recent communication to the Academy of Sciences, Paris, by

Baron Larrey, is instructive, as showing that, in cases of apparent death from asphyxia, energetic measures commenced some time after the last manifestations of life will sometimes restore vitality. He narrated two observations, one from his own experience and another on the authority of Dr. Fournol, of Billancourt (Seine). The first was that of a child three years old, suffering from pulmonary congestion following measles. It was pronounced dead at six in the evening, and laid out in the usual manner before burial. At half-past nine he went to see the corpse; it was white as the cloth on which it was laid out and cold as marble. Without knowing exactly what put the idea in his head, he became possessed with the thought that the child was not dead, and following out what was to all appearance an unreasonable impulse, he set to work applying artificial respiration. He continued at this apparently hopeless task for two hours, when he perceived a faint blush of color extending itself on the cheek. At two o'clock in the morning the child began to breathe spontaneously and called "mamma." From this on its recovery was rapid. The second case is less remarkable: it was that of a fisherman who fell into the water and was taken out asphyxiated after twelve minutes immersion. The doctor was called and arrived after the man had been apparently dead nearly an hour. Artificial respiration was commenced an hour after the accident, and continued four hours before signs of life appeared, but the recovery was finally complete. Baron Larrey concludes from these and analagous facts that in all cases of apparent death from asphyxia artificial respiration should be resorted to and kept up for an indefinite number of hours, how many is not yet certain. He promises in a future communication to discuss this matter more fully, and to try to point out the indications and ascertain the period of time during which artificial respiration should be continued, basing his research on the conditions of the blood, the state of the nervous system, and the condition of the cardiac musculature. It is not probable that persons ever spontaneously revive from the state of suspended animation induced by asphyxia or drowning, but there is, in the light of such facts as those given above, very little doubt that, for the lack of ade-

quate measures, many persons have been allowed to die, and, perhaps, in some cases persons have been buried before their resuscitation was impossible.—*Chicago Med. Gazette.*

A Parasite in the Muscles in Typhoid Fever —At the Pathological Society of London a paper was presented by Mr. Power on this subject. Mr. Power's attention was first called to it by the discovery of hæmatoid worms closely resembling trichinæ in the body of a boy who had died on board the training-ship "Cornwall," of a disease supposed to be typhoid fever, that had affected many of the boys in the ship. Investigation rendered it nearly certain that in all the cases the disease had been parasitic in its nature rather than enteric. The parasites resembled trichinæ in size, but they were not encysted, and they were more transparent than trichinæ generally were. This might be due to the rapid course of the disease in this case, and to the fact that the examination was not made until two months after death. In order to follow up the matter, Mr. Power made examinations of the voluntary muscles in two cases of undoubted typhoid fever. The first case was a young man, a patient in St. Thomas' Hospital under the care of Dr. Cory, admitted for typhoid fever, who had died of perforation on the twenty-third day of the disease, the bowel being found *post-mortem* to present well marked typhoid ulceration. In the pectoral muscles were bodies resembling parasitic worms. They were very numerous, and when first seen were apparently living. In length and in breadth they were about one-fourth the size of the trichinæ spiralis, and there was an interior canal which appeared to be covered at one part by some internal tissue or organ. Similar bodies were found in the muscles of a boy who died in Greenwich Hospital from peritonitis, at an early stage of unquestionable typhoid fever. In neither case were all the muscles affected, the diaphragm being in both free from the worm-like bodies. Further examination led to the discovery of smaller bodies, possibly having some relation to the larger bodies, but much more numerous than the latter. They were, however, not easily seen, a very slight interference with the slide being sufficient to re

move them from view. The larger parasite-like bodies were more numerous in portions of the muscle which had undergone decomposition; but this was not true of the smaller bodies. It was doubtful whether the increase in the number of the larger bodies was apparent only, or whether it depended upon actual growth or multiplication. The author of the papers did not profess to do more than record the observed facts, with a view to encouraging investigations on the part of other pathologists.

Glycerine in Flatulence, Acidity, and Pyrosis.—Sidney Ringer, M.D., and William Murrell write to the *Lancet* as follows:—

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerine added to milk prevents its souring, and he reasoned thus: "If glycerine prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerine for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerine. Indeed he can now take articles of food from which he was previously compelled to abstain, provided always that he takes a drachm of glycerine immediately before, with, or directly after his food. He recommends this treatment to many of his friends (sufferers like himself), and one of these mentioned the above circumstances to us.

We have since largely employed glycerine, and find it not only very useful in acidity, but also in flatulence and pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis is the only symptom, but more frequently these symptoms are combined. Some patients rift up huge quantities of wind without any other symptoms than depression of spirits; in others we get flatulence and acidity, one or other predominating; and we meet with others who suffer from acidity, flatulence, and also pyrosis. In all these various forms we find glycerine useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed in several

instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerine speedily and completely succeeded, where the commonly-used remedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues. Gas is in some instances formed in the stomach, in others in the large intestine, in some patients in both. Our observations were made on stomach flatulence, and as glycerine is so readily absorbed we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a slight laxative, and so expels the putrefying mass which forms the wind. In some cases it removes pain and vomiting, probably like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs.

We suggest that it acts by retarding or preventing some forms of fermentation and putrefaction. J. Mèkulics (*Archiv. f. Klin. Chir.*) shows that glycerine prevents putrefaction of nitrogenous substances, as of blood diluted with water, which speedily decomposes at the ordinary temperature of the air. Two per cent of glycerine retarded decomposition for twenty-four hours; ten per cent for five days. If the fluid were placed in the hatching oven, then two per cent retarded decomposition for several hours, ten per cent for forty-eight hours, and twenty per cent altogether prevented putrefaction. He also proves that glycerine destroys bacteria and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murk (*Virchow's Archiv.*) finds that two to three per cent will delay lactic fermentation in milk eighteen to twenty-four hours. Burnham Wilmot, 1860, says glycerine preserves meat so that after several months' immersion the meat is sweet and can be eaten; and Demarquay proves that both animal and vegetable substances may be kept for six weeks to two months by glycerine.

Glycerine, however, does not prevent the digestive action of pepsin and hydrochloric acid; hence, while it prevents the formation of wind and acidity, probably by checking fermentation,

it in no way hinders digestion. We administer a drachm or two drachms either before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda-water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as indeed does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight.

Sign of Obstructed Labor.—Dr. Ludwig Bandl, of Vienna, has recently pointed out a phenomenon recognizable by inspection of the abdomen during labour only, which is of considerable practical importance. He found that in those cases where there exists an abnormal obstacle to the expulsion of the child, such as contracted pelvis, malposition of the child, &c., a distinct transverse furrow appears on the abdomen, about midway between the umbilicus and pubes, just at the junction of the cervix and body of the uterus. This furrow is produced by the wedging in of the cervix into the brim of the pelvis by the presenting part, and the concomitant fruitless concentric contractions of the uterine body. It occurs only in abnormal labors, and affords a valuable indication as to the time and necessity for operative interference, for obviously the undue continuation of this condition would very readily result in the production of a rupture of the uterus. Indeed, Bandl first witnessed this sign after such an accident. In normal labors, the presenting part passes into the pelvic cavity and fills out the cervical canal equally, thus preventing the occurrence of a transverse furrow. He has seen this furrow in several cases where there was excessive pelvic obliquity and consequent anteversion of the uterus, a condition simulating in its influence on the progress of labor the minor degree of contracted pelvic.—*Trans. Med. & Surg. Society, Maryland.*

Iodine a Substitute for Quinia.—While occupying the position of Government physician at the Wichita Indian Agency, Indian Territory, I saw a statement quoted from the *St. Petersburgher Medical Dochenschrift* on the value of iodine as a substitute for quinia. The statement made by the author, Dr. J. Nonodnitschauski, that " when given boldly, ten

to twelve drops of the tincture in half a glass of sweetened water every eight hours, *iodine will never rank second to quinia in the treatment of intermittent fevers*," the more forcibly impressed me, because at the time malarious diseases were prevailing extensively, and while I had been using the sulphate of quinia at the rate of one ounce per day, my stock suddenly became exhausted, and no article ordinarily used as a substitute remained in the dispensary. Our distance from medical supplies rendered our condition, under these circumstances, very embarrassing. Hence the readiness with which we seized upon any suggestions which seemed to afford means to fight our great enemy—malaria. Having, then, a good opportunity to test the value of the remedy, I began by following the plan suggested by Dr. Nonodnitschauski, that is, giving ten drops of the tincture in one-third glass of sweetened water thrice daily to adults, children receiving proportional doses. The results far surpassed my most sanguine expectations. Indeed I thought the statement rather extravagant, that iodine, when given as above indicated, " will never rank second to quinia in the treatment of intermittent fevers." Subsequent experience, however, both in that country and in this has led me to conclude that the anti-periodic powers of iodine are superior to any other remedy of the materia medica save quinia, and that it is by far the best known substitute for quinia. At that time I treated 135 cases of intermittent fever, 74 being males and 61 females; these included children and in some instances infants. The quotidian and tertian types of the fever were the forms principally presented. I also treated four cases of diarrhœa and eight cases of neuralgia, each of malarial origin, using the same remedy, only adding astringents or opiates as indicated. 147 cases were thus treated with the iodine, and the results were *fully equal to those treated with the sulphate of quinia*. The remedy seemed to act almost as by magic, in many instances the paroxysms were not repeated after the medicine was given, though the doses were repeated for a day or two after the cessation of the fever. In cases of enlarged spleen there was a more speedy reduction in the size of that organ than when the sulphate of quinia was used. One important item in its

favor was the fact that it was much more agreeable to take than quinine, and this with a large part of our population proved a potent argument in its favor. The iodine at once became a more popular remedy than quinine with the masses of our people. The nationality of those treated embraced the white, the Indian and the negro races.—*Dr. Grinnell in Southern Practitioner.*

An Infective variety of Tuberculosis in Man identical with Bovine Tuberculosis (PERLSUCHT).—Dr. Charles Creighton reports in the *Lancet* of June 19th, in full, eight cases of *perlsucht*, as the Germans call it, *melière* as the French call it, or serous or bovine tuberculosis, as it has also been denominated. We condense from the first four cases the following, which will convey a clear idea of the peculiar features of the affection. Dr. Creighton remarks that his observations give no countenance to what is called the "parasitic" theory of an infective disease. He also suggests that some of the outbreaks of typhoid fever in schools, etc., are really outbreaks of bovine tuberculosis. He offers no opinion as to the origin of his eight cases, and makes no mention of treatment:—

CASE I.—Male, aged 21, admitted April 14th, cough and wasting for several months, and dyspnœa for several weeks. Physicial exploration showed disease in the left lung. After being 36 hours in the hospital he died suddenly. He slept quietly till about two or three minutes before death; suddenly he began to gasp for breath, and died almost immediately.

Post-mortem.—Pulmonary arteries were searched for a clot, but none was found. The left lung contained a number of centres of disease, varying from the size of a walnut to the size of a pea; some of them were in the periphery of the lung, projecting on the pleural surface, others were in the centre. They were remarkable for their white medullary appearance. The centre of the mass was usually softened. In the base of the lung was an extensively excavated mass, into which a branch of the pulmonary artery appeared to open freely, although there was no appearance of hæmorrhage having taken place. The right lung contained only one mass, which was felt as an isolated

nodule in the midst of the compressible lung-substance; it occupied the hinder border of the lower lobe of its upper margin, and it was distinctly wedge-shaped, about an inch and a half long, of the same medullary consistence and color as in the other lung, and softened in the centre. The spleen was very large, and the surface of it was covered with small, flat, white bodies of a pearlg appearance, such as are sometimes described as occurring on the spleen, without any particular pathological significance being assigned to them.

Case II.—Female, aged 38, admitted March 13th. Had typhoid fever in August, 1879. Has never been quite well since. Now admitted for certain ill-defined abdominal symptoms. Great fluctuation between morning and evening temperature, the record April 8th being 99.2° morning, and 104.5° evening. Acute tuberculosis diagnosed. April 19th became much worse, the face dusky and the respiration rapid. Died on the 20th.

Post-mortem.—Both lungs full of translucent miliary tubercles of a very small size. Small translucent tubercles on the pleura. In the lower lobe of the right lung there was a well-marked embolic infarct, wedge shape, about two inches long, and one inch and a quarter broad at its base on the pleura. It was quite firm and somewhat tough, not at all broken down, of dry texture, and brownish-yellow color, not everywhere of the same shade. In the abdomen there was recent peritonitis, the intestines being glued together. The whole peritoneum was covered with an eruption of large, flat nodules up to the size of a split pea, sometimes confluent, most abudant in the right iliac region, where there were old adhesions. They contained minute points of black pigment. Recalling the fact of typhoid fever six months before, and that healed typhoid ulcers may have black pigment in the cicatrix, I referred the peritoneal eruption to that source, and proceeded to unravel the matted intestines so as to examine the ileum. I found only two healed ulcers; one of them was of considerable size just above the valve, and another half-an-inch in diameter about a foot higher up. The latter I kept for microscopic examination, and a thickening, partly in the floor of the cicatricial depression, but more to one side of it, has afforded

very remarkable specimens Both cicatricial depressions had minute points of black pigment in their extreme centre. The peritoneal covering of the liver and spleen was studded with the same large, flat tubercles as elsewhere. Mesenteric glands not altered in color nor enlarged.

CASE III.—Female, aged 17, admitted on 14th of April. Pulmonary symptoms since four months. Physical signs of disease in lungs; fluctuations between morning and evening temperature (e. g. 21st April, morning 100.8°; evening 103°), stupor, sordes, dry tongue, vomiting, delirium at night. Epileptiform fits on 17th and 21st. On the day before death paralysis of left arm and leg; duskiness of face and rapid respiration preceded death on the 27th.

Post-mortem.—Body wasted. Left lung adherent, especially to diaphragm, its pleural surface covered with adhesions containing healthy translucent tubercles. The upper lobe was of a rose-red color. In the lower lobe, near its upper and posterior angle, was a single well-marked wedge-shaped embolic infarct one and a half inches long and one and a quarter inches broad at base, of white medullary color, into which a branch of pulmonary artery entered underneath the thin end. The wedge-shaped area of white substance was composed of a number of round masses the size of peas, or larger, touching each other. There was another whitish mass at the extreme base, where the lung adhered to the diaphragm. A number of small white masses, with round central space, as if lined by a membrane. The right lung contained only the smaller kind of nodules. The pleura was studded with minute nodules. The peritoneal surface of the diaphragm on the right side was the seat of a most remarkable eruption of large, flat, confluent, lobulated nodules, from the size of a split pea downwards. This eruption was more like that of tumor infection of the serous membranes. The same kind of flat nodules occurred in the peritoneum covering the back of bladder, and in the parietal peritoneum of the right iliac fossa. On the broad ligaments and surface of the uterus the nodules were smaller, more pearly and sessile. There was an embolic infarct in the anterior end of the tempora-sphenoidal lobe of the

right hemisphere, yellow softening extending for a short distance on each side of the middle cerebral arterial branch. Miliary tubercles in the Sylvan fissure on both sides.

CASE IV.—Girl, aged 8, admitted 22nd April. Typical case of acute tuberculosis in a child; first signs of it five weeks before. Died on 2nd May.

Post-mortem.—Large packet of caseous bronchial glands. Abundant tubercles on pleura, both pulmonary and parietal; the tubercles were white in color, sessile, and even pedunculated. Both lungs were full of tubercles of unusually large size and white medullary substance. At the right apex a dense collection of white nodules, having the general outline of a wedge, with some lung-tissue within the outline not occupied by the white substance. The scattered white nodules appeared often to be perforated in the centre by a smooth-walled aperture. Tubercles on the surface of the spleen and in the fissure of Sylvius.

CASE V.—Male, aged 40, admitted 9th of May. Pulmonary symptoms for two years. Face congested; tremors of tongue and facial muscles; much prostration; frequent cough, with expectoration of offensive purulent sputa. Evening temperature 104.2°; next morning 100°. Physical signs of lung disease on left side (details deferred). Before death his dyspnœa increased much; face much congested; perspiration on forehead. Died on the 13th of May.

Dr. Creighton concludes as follows:—

My contention is that these cases of tuberculosis are, all of them, cases of bovine tuberculosis; that they show the distinctive and specific characters of that disease in their pathological anatomy, and are related to it in their etiology, and that they have precisely that relation to bovine tuberculosis which glanders in the human subject has to equine glanders. Bovine tuberculosis (*perlsucht*, *pommelière*) is a disease by itself as much as glanders is. It is only from directing too concentrated an attention upon its histology that one would be led to conclude, with Schüppel, that bovine tuberculosis is identical with the ordinary indigenous or autochthonous tuberculosis of man. It has well-

marked distinctive characters, which appear to me to be reproduced more or less in all the cases above related.

I must content myself for the present with summarizing in the briefest way what may be considered to be the salient features of the cases that I have grouped together without attempting to make out the identity with bovine tuberculosis from point to point. The salient points I consider to be: 1. The occurrence of tumor-like embolic infarcts in the lungs; 2. The implication of the bronchial or of the mesenteric and portal lymphatic glands; 3. The characters of the new growth in the wedge-shape infarcts and round nodules (of various sizes) in the lungs, and its corresponding character in the lymphatic glands; 4. The characters of the eruption in the serous membranes and its relative frequency; 5. The microscopic appearances; 6. The element of obscurity in the cases viewed as cases of ordinary or autochthonous tuberculosis; 7. Special points in case ii.—*Louisville Med. News.*

The Sale of Patent Medicines.—In respect to the sale of patent medicines, we might advantageously take a lesson from the Japanese. We learn, from the first report of the Central Sanitary Bureau, just issued, that they have established a public laboratory for the analysis of chemicals and patent medicines. The proprietors of patent medicines are bound to present a sample, with the names and proportion of the ingredients, directions for its use, and explanations of its supposed efficacy. During the year, there were no fewer than 11,904 applicants for license to prepare and sell 118,091 patent and secret medicines. Permission for the preparation and sale of 58,638 different kinds was granted, 8,592 were probibited, 9,918 were ordered to be discountenanced, and 70,943 remained still to be reported on. The majority of those which were authorized to be sold were of no efficacy, and but few were really remedial agents. But the sale of these was not prohibited, as they were not dangerous to the health of the people. If similar regulations were put in force in this country, it is probable that the sale of several patent medicines would be put a stop to.—*Brit. Med. Journal.*

New Operation for Prolapsus Uteri.—A radical operation of a novel character for the relief of prolapsus uteri has been originated by Lefort, of Paris. It consists in uniting the anterior and posterior vaginal walls along their mesial lines, so as to make two vaginas instead of one. After the operation the two vaginas lie in lateral proximity like a double-barrelled shot-gun. The surfaces freshened are about half an inch wide and two inches long, and are held in position by sutures. The operation is said to be not difficult of performance, and quite successful in preventing prolapse.

Caries of the Ankle in Children.—Dr. V. P. Gibney has tabulated the results of expectant treatment in thirty cases of the above disease. In fourteen cases the disease manifested itself previous to four years of age; in eleven instances the patients were from four to nine years old, and in five from nine to thirteen years. In fourteen patients the lower epiphyses of the tibia and fibula, as well as some of the bones of the tarsus, were involved; in ten cases the tarsus alone was implicated; in four, the tibia and fibula only; and in the remaining two, the os calcis was involved. As to suppuration, in nineteen cases it was quite profuse, in six moderate, and in five no pus was formed. The length of treatment averaged one year and three months, the shortest being less than six months, the longest nearly three years. The duration of the disease was from one to six years. Several cases were examined at varying intervals after the cure, and in all, the joint affected was found to remain in a state of health. Of those cases, and there were five, in which shortening of the limb was found to exist, it was not more than one inch. The shortening of the foot was as follows: half an inch in 16 cases, less than one inch in four, none in three instances, and in seven it was not ascertained. In two-thirds of the cases there was no lameness, in seven it was slight, and only in one case was the lameness at all marked. In five cases the mobility of the joint was perfectly restored; in the other patients there was a slight impediment to perfectly free motion in certain directions;

in two of these the tibio-tarsal joint was anchylosed, but this was compensated by an increased degree of mobility at the medio-tarsal articulation. The conclusions drawn from the paper are as follows: If a conservative course of treatment be adopted, the joint affected can be saved. Excision of a joint, in children, is rarely ever justifiable. No advantages are offered by partial incision, or passing tents through the joint, more than can be obtained by the expectant plan of treatment. By this method of treatment, although there may be some anchylosis and deformity, the limb is rendered more serviceable than in any other way.—*Reprint from Am. Journ. of Obstet.*, April, 1880.

Castration—Male and Female.—We take the following from the *Michigan Medical News*. After expressing the fear that a strong advance on the ovaries is to be expected in view of the advocacy of Battey's operation by the learned orators at the recent meeting of the American Medical Association who—particularly M. Pallen—were so enthusiastic about it, the writer makes the following eminently practical observations:

"But the mention of spaying, or rather oöphorectomy, the more euphoneous synonym, leaves us to enquire why this blessing should be confined to the women. Has not man sexual glands which lead him into difficulties, local, constitutional and social, scarcely less grievous to be borne than those which the woman suffers because of her ovaries? And yet the voice of neither Battey, nor Sims, nor Trenholme nor Pallen has a word for him. He is allowed to suffer untold miseries which the slight and dangerless operation of castration would relieve him from. Who is there that will arise and be the first to remove the human testicle and thus divide the honors with him who first removed the human ovary? Here is an opportunity for fame."—*St. Louis Clin. Record.*

Embolic Panophthalmitis in Puerperal Fever.—The author remarks that as a result of puerperal fever and other septicemic processes, double or single pan-

ophthalmitis had been mentioned in the older text-books, but the relation between the primary pus focus and the disease of the eye was shrouded in darkness till Virchow in 1856 lifted the veil by his discovery of capillary emboli. The impulse towards this rich discovery was given by two cases of the hitherto-called "metastatic" eye trouble. The author finds and republishes the thirteen cases scattered in the literature and adds one new one. The author publishes his case in full, and discusses the point of origin of the process, whether in the retina or choroid, as also whether the formations are really of vegetable nature. As regards the latter, he thinks there is no question that such is their character. As regards their relation to the changes produced, he thinks the emboli were composed of spheroidal bacteria. He regards Weck's view, that suppuration results through diapadesis of the white blood corpuscles under the infectious influence of substances received into the circulation, acting upon the walls of the blood vessels, causing a paralysis, and adds that these irritating substances are emboli containing bacteria.—Hosch, *Græfe's Archiv*, volume 26, part 1.—*Cinn. Lancet & Clinic.*

Water for the Sick.—Dr. J. Forsyth Meigs says: What, then, is to be the guide as to the quantity of water to be supplied to the sick? I answer, unhesitatingly, that so long as the patient retains his natural senses or appetites *there is no guide so sure and so safe as the thirst.* When this is lost, the trained knowledge of the physician or the common-sense or experience of the nurse must determine the quantities that should be given. What is this thirst upon which I rely so implicitly? It is the appetite implanted in the body by the Creator for the determination of the amount of water needed. The infinite wisdom which made the eye, the ear, the mind, the soul, established also the appetites of thirst and hunger, by which to regulate the amount of food and liquid necessary for the sustenance of the animal. These senses are quite as wonderful and unerring as the instinct of the bee to make its mathematical cell or to suck honey from the flowers; of the

ant to lay up store of food for its young; and of the migratory bird to seek its nutriment in new climates. For myself, I dare not oppose this divine sense in a thirsty patient any more than I would oppose the instinct of the infant to take from its mother's breast the material it needs for its growth. . . Thirst does not mean that the mouth, or throat, or stomach, merely want water poured over or into them, but that the hand, the foot, the brain, the body and all its members, need water. The thirst corresponds, Carpenter says, "to the excess of demand in the system over the supply afforded by the blood, and it is caused to abate by the introduction of the requisite material into the circulating fluid, even though this is not accomplished in the usual manner by the ingestion of food or drink into the stomach."—*Louisville Medical News.*

Treatment of Anal Fissure.—Dr. Hamon informs us, in *Le Praticien*, that instead of employing forcible dilatation, he applies to the fissure, with a camel-hair brush, a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications, at intervals of two or three days, usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

Jaborandi in Mumps.—Dr. Testa states in *Il Morgagni*, that he has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy in mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.

Removal of Small Calculi.—According to a writer in *Le Progrés Medical*, calculi of small size can be removed by ordering the patient to lie flat upon the belly. The stones then fall into the anterior portion of the bladder. He is then to gently get on "all fours" and urinate while in that position. The calculi, not being allowed to fall back into the depression behind the prostate, will often be passed in the act of micturition.

CANADA

Medical and Surgical Journal.

MONTREAL, AUGUST, 1880.

ADDITION TO OUR PAGES.

It is with much satisfaction that we are able to begin a new journalistic year with the announcement of an increase in the size of our JOURNAL. It will be observed that the present number contains 64 pages, whereas heretofore there have been but 48. We have frequently felt that space was required, in order to present more selections from the current medical and surgical writings, and we have constantly had in view the enlargement of the JOURNAL for this purpose, provided we received sufficient encouragement to enable us to do so. Having added materially to our circulation during the past year, it has been decided to carry this out. The subscription price is maintained at the same figure, but, as we are undertaking a considerable addition to our expenses, we must remind some of our subscribers that arrears are owing which we hope they will liquidate as soon as possible.

In reviewing the volume for the past year, we find that though this JOURNAL has been the medium of communicating many very excellent original and practical articles, yet the actual number of those contributing is much smaller than it should be. There is an apathy on the part of the Canadian profession generally with reference to publishing the results of their experience and observations, which is in strong contrast with our brethren on the other side of the line. This is a national failing which we should be getting old enough to have outgrown. It is a failing which reminds us also of the diffidence in public speaking which, with a few exceptions, characterizes our medical men when compared to, or associated with, American physicians. It is not that the

material is not here—that, of course, can always be found by him who seeks—and it is not that the ability is wanting to observe, note, think, and reason upon, what is seen. We have a far better opinion of our *confrères* than that. It would appear to be a simple disinclination to undertake the task of putting together a communication or article. This ought not to be. Every earnest medical man, with a live interest in his profession, should consider it a duty to devote some little time to giving the rest of the community the benefit of some of his thoughts—the encouragement afforded by his successes—and the warnings to be learnt from his failures. We trust, therefore, that amongst our many friends throughout the Dominion more will be stirred to help us during the coming year with occasional communications.

THE TRIENNIAL ELECTION.

The forty governors who rule this Province for the next three years have been elected; their names we gave last month. The result, taken as a whole, is not unsatisfactory, as it would appear that almost every important interest has succeeded in securing a fair amount of representation. Many, however, are of opinion that the principle upon which these elections are at present conducted is by no means the best. As it is now, each voter is required to fill in a schedule of forty names, including representatives from each district. No one individual can give an intelligent vote upon the merits of but a very few of this total number. It results, therefore, in the great majority of cases, in the filling up of a list of names procured from some friend as a ticket brought forward by some particular interest, towards which the voter is supposed to be friendly. A few individuals can thus influence the entire election to a degree that would be simply impossible if it were otherwise managed. We are inclined to think that the plan followed in Ontario is very much to be preferred. There, as in Great Britain, there are electoral districts, each one of which returns its own representatives. Each medical man, knowing, as he is sure to do, the capacity and fitness of those in his immediate neighborhood, is in a position to give an intelligent opinion upon the desirability of having a certain candidate upon

the Provincial Council. But how in the world can we in Montreal help honestly to decide upon the best man from Chicoutimi, or *vice versâ*, why should the Chicoutimites be asked to say who they would prefer, say, from the city of Sherbrooke? The thing is really preposterous. This objection to the plan was pointed out in these pages when first before Parliament, but it commended itself to the majority, and it is the law.

Another advantage of district elections is, that candidates are named, their merits and demerits discussed, and thus a fair field offered to the combatants before the final decision is arrived at—just as with any ordinary political campaign,—whilst under the system in vogue here only a few who have been holding private caucuses have the least idea of the names of those who are about to present themselves for the suffrages of the voters. The latter, therefore, have no means whatever of finding out how a particular candidate will vote upon any of the open questions of the day. Would it, therefore, not be advisable to reopen this question for general discussion? If the system here advocated be found to commend itself to the general profession, especially as now represented by the new Board, steps could be taken to have the law so amended before the next triennial election.

LONGUE POINTE ASYLUM.

It is doubtful if many physicians of this Province are aware of the manner in which the patients in the Provincial Lunatic Asylum at Longue Pointe are attended to—medically, of course, we mean. At the present day it is an exploded idea that mad people are sent to asylums either to be permanently retained or merely to be kept out of harm's way until their mental malady have cured itself. On the contrary, the view now held is, that every lunatic asylum should be, as far as possible, an hospital: that is to say, that the mental malady of every admitted person should receive the careful consideration of physicians in regular attendance, just as is the case as regards the physical troubles of those taken to our general and other infirmaries. Thus, the entire management—hygienic, dietetic, and medicinal—should be under the direct control and guidance of a skilled medical

superintendent. The truth of these universally-admitted facts we need not further dwell upon. But next we must ask the question: Looked at in this way, how does this Provincial Asylum stand? Has it such a medical staff as commands the confidence of the profession? Do we feel that in recommending our patients to be sent there we are placing them under the most favorable circumstances for their recovery? Many, in ignorance of the real state of affairs, may perhaps still think so, but it is by no means certain that they would continue to entertain the same feelings when informed of the regulations actually in force. It is of these now-existing regulations concerning the medical officers that we desire to speak. There are two medical gentlemen attached to the Asylum. One of these is Dr. Henry Howard, the well-known alienist, who has for so many years been identified with the care of the insane at St. Johns and in this city. The other is a practitioner resident in the village of Longue Pointe, and *appointed by the sisters themselves* to take medical charge of the inmates of their institution. Of the first-named we would speak with much respect, as indeed his long experience in his chosen specialty, and his eager zeal in promoting all matters of professional interest, require that we should. Of the latter we know nothing beyond the fact that he is a reputable physician of good standing. It should at once be stated that in what follows we have in view nothing but the public good, and desire simply to expose what we look upon as a public wrong which should be righted. By arrangements which have been in force during the last twelve months, the gentleman appointed by the nuns visits the Asylum daily, and is easily found in case of emergency. He alone prescribes for, and gives all directions concerning, all the inmates, whilst Dr. Howard retains only the duties of admitting and discharging patients, and making periodical reports to the Government upon the general condition and management of the institution. He takes no part in the medical care of the patients, never knows the clinical features of the individual cases, but simply says who shall come in and who go out. What, then, is practically the condition of things? A certain number of persons are admitted to the Asylum—the fact

of their requiring special treatment being attested by the fact of their passing the scrutiny of the admitting officer—and during the whole period of their stay they have *no skilled* medical supervision, they get *no expert* medical care tending to their recovery, but simply any temporary ailments they may have are attended to by a general practitioner who has had no experience in the diagnosis or suitable treatment of cases of insanity. The magnitude of the interests involved is quite apparent when we consider that there are on an average between 700 and 800 persons in the Asylum, a considerable number of whom are private patients. The latter are often sent there by their friends or regular medical attendants, because they fancy they will there get advice superior to what can be given them at home. How far they are mistaken the above facts plainly show.

The evils of the contract system have been exposed time and again. The difficulty here complained of is a simple outcome of this system. What a contrast, and how much to our disadvantage, as compared with the sister Province of Ontario!

What should be done? The very first thing to be done is to make such arrangements as will lead to the medical superintendence of this important establishment being placed in charge of a competent expert, who shall have given proof of such acquaintance with mental maladies and skill in their treatment as to command the confidence of the medical public. This need in no way interfere with the duties of the present Government medical officer. Indeed, it is all-important that his advice should be had in all serious or difficult cases, and that the results of his long experience should be within reach of the Asylum authorities.

CANADA MEDICAL ASSOCIATION.

The 13th annual meeting of the Canada Medical Association will take place at Ottawa, on Wednesday and Thursday, 1st and 2nd September next. We learn that arrangements are being made by the profession of that city which will no doubt conduce greatly to the comfort and pleasure of their visitors. They have already secured the use of some of the Committee Rooms in the

Parliament Buildings, so that the work of the Association can be very conveniently carried on in sections. The want of a sufficient number of rooms was a decided drawback to the usefulness of the meeting last year. We are informed by the local secretary that ample hotel accommodation has been arranged for, so there need be no anxiety on that score. Montreal men have always been noted for taking an active interest in the Association both by their presence and by the reading of papers. We hope, therefore, that on this occasion our city will be well and numerously represented. An extra reason why we should be there is that we have this year the honor of having for President-elect one of our own representative men—one whom all in Montreal are proud to see elevated to this dignified position which commands the respect of the whole profession. We are convinced that this Canadian Association of ours does a good work, and is deserving of the cordial support of us all. We therefore earnestly hope that all who can, will find their way to our capital city on the 1st proximo.

The following is the list of papers notified to the general secretary so far. No doubt these constitute but a small portion of those which will actually be brought forward, as it has unfortunately been the rule hitherto for many to delay giving notice of their papers until the last minute :—

DR. R. A. REEVE, "Some Principles of Ophthalmology."
" D. CLARK, - "On Brain Lesions."
" J. WORKMAN, "Atrophy of the Cerebellum."
" HINGSTON, - "Treatment of Surgical Wounds."
" SEWELL, - "Tea as a valuable Therapeutic."
" OSLER, - 1st, "A Contribution to the Question of Spinal Paralysis."
2nd, "Demonstrations of a Series of Specimens of the Brain and Spinal Cord."
" T. K. HOLMES, "Surgical Treatment of Laceration of the Cervix Uteri."
" OLDRIGHT, "Some common and mischievous defects in House Drainage, illustrated by apparatus."

Dr. RYERSON and Dr. FENWICK have also promised papers.

Arrangements will be made with the different Railroad and Steamboat Companies for the usual reduction in the fare of members, certificates for which may be obtained from the

Local Secretaries, Drs. Wright, Ottawa; Ross, Montreal; Wickwire, Halifax, N.S.; Allison, St. John, N.B.; and from A. H. David, M.D., General Secretary, Canada Medical Association.

L'HOPITAL NÔTRE DAME.—This hospital, which is to be conducted under the auspices of the Medical Faculty of Laval University, was publicly opened on Sunday, 25th ult., by a formal benediction pronounced by his Lordship Bishop Fabre. A large number of medical men representing the different schools of the city were present, as well as numerous citizens who had been invited by circular. After the religious offices were concluded, the visitors were escorted over the building by the physicians and sisters in charge. The establishment is what was in former years the well-known Donegana Hotel. It is spacious, and will afford ample room for all requirements. Two large wards containing 20 beds each are now ready for the reception of patients, and it is intended shortly to accommodate about seventy-five. There are also a number of private wards, which are to be offered at very reasonable rates. With our present knowledge of what a hospital should be, it is always to be regretted that an old building should be used for this purpose; but we must say that in this case many difficulties seem to have been overcome, and the wards appear airy, comfortable and well ventilated. With the extensive support this institution is receiving from various quarters, it is likely to become a permanent and perhaps prominent addition to our charitable establishments. We hope that, from the commencement, the medical staff will not fail to give a full annual report of the work done—as in our General Hospital—for such statistical information is always of much value. In the meantime we wish the Hopital Nôtre Dame all success in its important work.

Medical Items.

A MEDICAL WIFE.—A recent London medical scandal shows a possible and unexpected disadvantage of having a medical wife. Three vacancies occurred for assistant physician to the National Hospital for the Paralysed and Epileptic. For one of

these posts Dr. Sturgis was most highly recommended by the senior medical officers, and presented most flattering testimonials from many sources. But when his claims were discussed before the managing committee it was discovered that he had married a wife possessing a medical diploma. This was too much. His application was dismissed without appeal.

SPENCER WELLS' 1,000TH OVARIOTOMY.—Our readers will be interested to know, says the *Lancet*, that Mr. Spencer wells has just completed his 1,000th case of ovariotomy. The patient is doing well. With Mr. Wells' 888th case he began to treat his cases antiseptically. The results since have been even better than before. Recovery has been more rapid, fever being avoided by the antiseptic precautions. Few surgeons in this or in any preceding age have been able to look back upon such a history of anxious, original, and life-saving work.

DEATH FROM ETHYL BROMIDE.—Dr. Levis, of Philadelphia, reports the fatal case. Patient was a young man with stone. Had cystitis, also cough and emaciation. The operation was being resorted to as a *dernier ressort*. A drachm only of the anæsthetic was being administered when the breathing ceased, and he died almost immediately. There was found advanced pulmonary phthisis, and the tubes were filled with muco-pus.

ENGLISH AND RUSSIAN HEALTH.—London at the present may claim the distinction of being the most healthy city of importance in the world (Med. Press and Circular). The death-rate in the capital of the British Empire is only eighteen per thousand of its population of four million. The other extreme is St. Petersburg, with a mortality of fifty-nine per thousand.

THE LITHOPHONE.—At the meeting of the Académie de Médecine of March 30, Dr. Langlebert presented a new instrument, made under his directions by MM. Mathieu Fils, for the diagnosis of vesical calculi. The instrument is composed of a small cylindro-conical drum of glazed pasteboard, to the extremity of which an exploring sound is attached. Such is the resonant power of this apparatus that the smallest stroke, an insensible grazing of the

beak of the sound upon a stone in the bladder, becomes greatly amplified, and resounds in the drum where it appears to be produced. The illusion is said to be complete, the bladder seeming to be brought under the ear of the surgeon. It is needless to dwell on the utility of the lithophone for finding vesical calculi and small fragments after lithotrity. The instrument is figured in *Le Progrès Médical*, 3rd Avril, 1880.

WORK OVER YOUR PATIENTS.—The average patient sounds the praises of his doctor and pays his bill more cheerfully because "he worked on him," and gained his victory only after many visits and much medicine—by the sweat of his brow as well as by his brain. Therefore, our young brother—you who about this time begin the battle of life—do not think victory is always to be obtained by going straight at the mark. Consider the specialist in this matter—say when he wishes not only to conquer an ophthalmia but the possessor thereof. Perhaps you might be tempted to prescribe some quinine, or iron may be, and rest, and in a few days rejoice at disappearing redness, but, perhaps, dear friend, to regret at non-appearing patient. If you would be wise in your generation, blow something in the eye to-day, drop into it to-morrow, rub upon it the next, and after many weeks or months you will rear in your patient's mind a monument of your skill—and likewise in your pocket some representative of his wealth. Do not, dear young friend, fresh from the books, think that you "know it all."—*Louis. Med. News.*

QUINTUPLE BIRTH.—A woman living near New Glasgow, N.S., recently gave birth to five children, all of whom have, however, since died. Dr. P. D. Keyser, of this city, has exhibited to us a photograph of the quintuple babies lying side by side in their "little bed." The photograph was sent him by Dr. Hyde, of Truro, N.S., who stated that the children would probably have lived if they had had any chance. The parents were extremely poor, and lived six miles away from where anything could be got for them. There was nothing in the house to even wrap them up in, and the doctor had to take the blind off the only window to make bandages.—*Phila. Med. Rep.*

DE PROFUNDIS—RESPECTFULLY DEDICATED TO MR. TENNYSON.

" Out of your depth, my boy, out of your depth.
At embryology don't try your hand,
Until at least you faintly understand
How ova are developed from their source,
And then expelled at labor. Take a course
Of Leischman. Then, and not till then, aspire
To clothe obstetrics with poetic fire.
Out of your depth, my boy, out of your depth."

—*Western Lancet.*

—How many patients refuse to continue the use of bromide of potassium from its intensely bitter salt taste? This taste is easily overcome by giving 3iii of simple syrup with each drachm of the bromide. The 3iii of syrup, if properly made, should contain about 150 grains of sugar. This completely alters the taste, giving it an agreeable nutty flavor, not unlike to cocoanut milk, if largely diluted. Children take it with avidity. The sugar in no way alters the medicinal virtues of the drug. This is a boon to epileptics and others who have to persevere in large doses of the bromide.

—The *Churchman* of New York is publishing a number of astounding cures of cataract by a Dr. Neftel, by means of electricity. The editor has been urged by a committee of the medical profession and by many oculists to cease giving publicity to these cases, which they look upon as of very doubtful reliability. He insists upon the facts, and promises further and still more remarkable cases.

—Jones, of the *London*, being expostulated with by the Principal for his idleness, the other day, honestly confessed, " It's no use, Dr. C——, I was cut out for a loafer." " Well," said the Principal, surveying the student critically, " whoever cut you out understood his business."

CANADA

MEDICAL & SURGICAL JOURNAL

SEPTEMBER, 1880.

Original Communications.

THE PRESIDENT'S ADDRESS.

DELIVERED BEFORE THE CANADA MEDICAL ASSOCIATION AT ITS 13TH ANNUAL MEETING AT OTTAWA.

By R. P. HOWARD, M.D., L.R.C.S.E.

Gentlemen of the Canada Medical Association:

It is now thirteen years since the representatives of the Montreal profession of the several Provinces of Canada assembled at Quebec, hopefully, unanimously resolved "Qu'il est expedient pour la profession medicale du Domaine du Canada de se former en Association de Medicins sous le nom d'Association de Medecins du Canada." Were the question, *Of what use has the Association been?* to be to-day put to any one half-dozen of its most loyal members, perhaps no two of the answers would agree, unless indeed in an impromtu negation of any use. Yet a more deliberate consideration of the question, in my opinion, justifies a more favorable answer.

PRELIMINARY EDUCATION.

One of the important subjects that first engaged the attention of the Association was the general education of students about to enter upon the study of medicine. The committees appointed from time to time to report upon that subject, not only advocated qualifications at least equal to those recommended by the Medical Council of Great Britain, but urged the propriety of having the preliminary examinations conducted

by experts, *i.e.*, by men actually engaged in teaching classics, mathematics, etc., and further insisted upon the great importance of compelling all persons purposing to study medicine, to prove their possession of a liberal education, by passing a matriculation examination before beginning their medical studies.

MEDICAL CURRICULUM.

Another subject closely allied to, although perhaps not of quite equal importance with the last, upon which the Association has from the beginning expressed emphatic opinions is the duration and character of the medical curriculum. It has invariably recommended that four full years, dating from the time of having passed the matriculation examination, should be devoted to the exclusive study of the various branches of knowledge which compose the medical curriculum, and that at least three of them should be spent at a qualified medical school. As to the character of the curriculum, it has advocated one quite as comprehensive as the curricula of the institutions of high repute in Europe—perhaps too comprehensive in some respects. There is no reason to doubt that the views and opinions expressed from year to year by this Association have had much to do in bringing about the excellent regulations affecting these matters now obtaining in the Provinces of Ontario, Nova Scotia and Quebec. And if nothing more had been effected by our Association, that, in the speaker's opinion, must be regarded as ample justification of the *raison d'être* of this Society—nay, as sufficient warrant for honest pride on the part of its founders. This will appear more evident if I remind you that no equally satisfactory provisions regulate the admission to our professions in the adjacent Republic, notwithstanding its wealth and its advanced position in all the practical sciences and arts. I venture to say that at this day, in not one of the United States, is it obligatory upon a candidate to pass an examination before a competent board as to his educational attainments prior to his entrance upon the study of medicine. And in not more than one or two of the many excellent institutions of that enlightened and prosperous country does the

medical curriculum require four years of study on the part of the student. And what has a perusal of the debates which took place last July at the meeting of the "General Council of Medical Education" in great Britain shown? Amongst other things, first, that some of the corporate medical bodies in that country do not compel the matriculation examination to be passed before the student begins his medical studies—and second, that "the great principle" often approved by the council "of requiring the national educational bodies to examine in general education, leaving the medical bodies free to complete the system of medical examinations, was not even re-affirmed." Now when we reflect that very many of the most enlightened and influential men in the Mother Country, and amongst our American friends, have long been wishing and working for a better state of things, but from various causes have not as yet succeeded in securing it, we may see additional grounds for congratulating the Canada Medical Association upon the favorable position in which the medical profession stands in Canada, and upon the influence the Association has exercised in bringing it about. Let us hope that the sister province of New Brunswick will ere long, pass a medical bill which shall place the requirements of the medical student and the terms of registration of medical practitioners upon as satisfactory a basis as obtains in the three Provinces already mentioned.

STATE MEDICINE.

The Association has had also, at different times, under discussion, various topics appertaining to state medicine. Many reports have been made by its members upon vital statistics and matters of sanitary science; and committees have been appointed upon several occasions to memorialize the Dominion Government respecting those subjects. Now, while unable to say whether these committees have always discharged the duties thus entrusted to them, I am persuaded that the recognition by the Association of this growing importance of State medicine as evinced in the existence of a standing committee upon that subjeet, whose duty it is to make an annual report

thereon, the discussion of these reports by the members, and the memorials upon sanitary topics now and then transmitted to the Government—all serve to excite the attention and awaken the interest of medical men, and of the Legislature, in a department of medical science of the highest concern to humanity. And it appears to me that this is one of the most important offices, nay, duties, of Associations like ours. Not alone as Christian men endued with more or less of the spirit of the Divine Physician—not alone as educated men possessing the knowledge and therefore responsible for its use,—but as members of a profession the purpose and genius of which are to prevent and alleviate human suffering and to save life, we are bound to take at least the lead in informing and urging upon the attention of the people, that vast numbers of persons are yearly carried off by disease in consequence of the non-observance or the breach of well-established hygienic laws; and that by well-advised and efficiently administered efforts a large proportion of those very diseases, which, from their general prevalence are popularly regarded as unavoidable, may be prevented altogether. For the same reasons, it is our province to direct the attention of the Executive and the Legislature of our country to the claims of sanitary matters upon their most serious consideration, as affecting interests of at least equal importance with those concerning the rights of property or the administration of justice.

It is true that hitherto our Government, in common also with the Executives of many other countries, has not bestowed upon sanitary matters and vital statistics much consideration. But who is to blame? Partly, no doubt, the legislators themselves, who have undertaken to represent the interests, personal as well as material, of the people; but partly—perhaps largely—the people themselves. Do not place-seeking, reward-asking, job-hunting, municipal dishonesty, party spirit, sectional and religious rivalries and jealousies, and provincial avariciousness so hamper our Executive and our Legislature, and so tax our revenue, that time cannot be given to the consideration of matters affecting public health, and money cannot be spared to de-

fray the cost of the measures required to prevent unnecessary disease and death. Is our own profession entirely exempt from culpability in this matter? Have we, as good citizens, earnestly advocated the need of more attention on the part of the public and the Government to sanitary affairs? Nay, have *we*, as physicians, the trusted advisers and natural guides of the public in all that concerns the prevention of disease, used our influence with the people themselves and with their representatives in so zealous and able a manner as to make both feel the importance of the subject? Have the several members of our profession who have been elected to the Legislature of their country done all that they might to initiate and secure legislation on subjects appertaining to State medicine?

In this connection, I congratulate the Association that, as you will presently learn, there is good reason to believe that the appeal which has been made by your body to the Federal Government for aid in carrying out a scheme of health registration in the Dominion will be successful to at least a moderate extent.

But to continue our reflections upon some of the *uses* served by the Canada Medical Association.

ORIGINAL COMMUNICATIONS.

It has been instrumental to some extent in inducing not a few members of the profession to contribute some valuable communications to the common store of medical experience and fact.

Hitherto Canadian physicians have devoted their time and talents chiefly to the teaching or to the practice of medicine; and comparatively few have recorded their experience of the diseases they have treated, whether in hospital or private practice. Very few have written a book or even a pamphlet upon medical topics, and our medical journals, numerous as they are, do not contain very many articles written by Canadians, but consist mainly of extracts from foreign periodicals.

It must be admitted also that the men whose opportunities as officers of asylums and hospitals, or whose exercises as teachers of science confer upon them special advantages, are equally with their brethren the general practitioners vulnerable on this point. Within the past few years, however, the number of papers

read at the annual meetings of the Association has been increasing, the original contributions to the medical journals are becoming more numerous, and several meritorious works upon medical topics have of late emanated from Canadian minds.

It is an encouraging fact that for the second time in our history—first at Montreal and now at Ottawa—we have had to divide into sections in order that sufficient time may be afforded for the reading of papers prepared by the members of the Association. While some fifteen papers, in addition to four reports, were read at the Montreal meeting, about twenty papers are in hand or promised for the present one, besides several reports upon special subjects.

Even should these papers contain no new facts, which is a highly improbable supposition, they will more or less fulfil one of the special uses of these meetings—they will tend to disseminate knowledge, which is the next best thing to discovering scientific truth.

Having thus far endeavored to point out some of the good that has been effected by the Canada Medical Association, permit me to follow the example of several of my predecessors, and to suggest for your consideration some objects which appear to me deserving of the approval and advocacy of this representative body—*i.e.*, let us contemplate what further good we should strive to secure.

UNIFORM SYSTEM OF REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES.

If I do not press upon your attention the great importance to this Canada of ours of a law providing for an uniform system throughout the Dominion of registering births, deaths and marriages, it is because the subject has been frequently brought before you at former meetings, and not that I do not regard it as *the first* question in State medicine demanding the adoption of the Government and the advocacy and active support of this body. On the contrary, the following remarks of one well qualified to judge, when speaking of Dr. Farr's work as "Registrar-General of Births, Deaths and Marriages" in Great Britain in my opinion truthfully set forth the value of such a system :—

* * * "Taking the work of the Registrar-General's department for 40 years, I do mean to say that it has no parallel; that it has served a purpose of good far beyond all expectations of it; that it is the finest piece of contemporary vital history that has ever been written; and that we, the representatives of health and science in this day, could not have been the scholars of health we are if those papers had not been our treasure-trove."

REGISTRATION OF INFECTIOUS DISEASES.

And for a similar reason will I pass by the great good likely to result from even the *voluntary* system of registration discussed at the last meeting of the Association, and already alluded to under the title "Registration of Health."

In this connection, however, let it be borne in mind that the time cannot be far distant when a *compulsory* system of registration of *all infectious diseases* will be legally established in this country and throughout the motherland, as it has been within the last two or three years in fourteen of the towns in Great Britain.* Although sanitary regulations are still in quite an inchoate condition in the United States, yet wherever they do exist in that country, the compulsory notification of infectious diseases almost always forms part of them; and the obvious benefit to the public which must follow a loyal discharge of such a duty should not, and will not, fail to reconcile us as a profession to an enactment which at first sight appears destructive of the confidence that should exist between the patient and the physician. That feeling will, however, be greatly removed if the duty of informing the sanitary authorities is imposed upon the occupier of the dwelling in which the infectious disease occurs, or upon the person in charge of the patient.

INEBRIETY AND INEBRIATE HOMES.

There is a subject which I feel assured has been very frequently and very painfully forced upon the consideration of many of you as practising physicians, respecting which I would make a few observations. Who amongst us has not been over

* *British Medical Journal*, 28th Feb., 1880, p. 340.

and over again greatly—painfully—exercised how to deal, as physicians, with inebriety, whether in the form of habitual excess or occasional outbreaks of drunkenness ?

The victim may have been the only son of a widow, or the bread-earner of a large family, a minister of the Gospel, a talented physician—nay, one's own brother or son ! Who has not, after the repeated failure of all the ordinary means, longed for the power legally to deprive them for a protracted period of the opportunity of gratifying their uncontrollable craving for strong drink, in the hope and belief that during the constrained abstinence the habit of indulgence would be broken, the craving would cease, the *morale* be renovated and elevated, self-respect restored, and a strong will established ?

Habitual or periodical drunkenness is no doubt often a vice, but it is frequently a disease, and neither the genius of our profession, nor the spirit of Christianity, teaches us to see the sinner in the sufferer. Inebriety is not the only disease whose moral origin is frequently the outcome of viciousness. To deal with this widespread disease is a matter of great difficulty, but it is not at all impossible. The first condition essential to success I take to be the passing of certain laws by the Legislature. In 1870 a statute was passed in the Province of Quebec " to provide for the interdiction and cure of habitual drunkards," of which the following is the gist :—On petition, under oath, presented to a Judge by the relations, or in default thereof, by a friend, that by reason of drunkenness a person squanders his property or places his family in trouble or distress, or prejudices the interests of his family or creditors, or that he uses intoxicating liquors to such an extent as to incur the danger of ruining his health and shortening his life, the Judge may pronounce his interdiction and " appoint a curator to manage his affairs and control his person, as in the case of one interdicted for insanity." This last clause was amended in 1879, so as to make the interdiction have the same effects as interdiction for prodigality. Under the Act of 1870 the curator of the interdicted person could place him in any duly licensed institution for the care of drunkards, and remove him from it whenever he

deemed it advisable. A more complete and efficient statute, with the same object in view, was passed a few years ago in Nova Scotia, through the efforts of a former president of this Association—the Hon. Dr. Parker—to whom I am indebted for much valuable information on this subject. A creditor may petition, as well as relatives or friends, against an habitual drunkard. When interdiction is pronounced, the Judge directs him to be placed and detained in an inebriate asylum until he is declared by the officials to be cured, and fit to be let at liberty. The managers of the asylum or inebriate home have control of the interdicted person in all respects, and "should he escape from their charge they can arrest him without process of law and convey him back to the institution." An enactment like that existing in Nova Scotia, and in several of the States of the adjoining Republic, should be passed in all the Provinces of the Dominion, and is the first condition essential to the successful cure and reformation of inebriates. Another, perhaps equally required, is an "Habitual Drunkards' Act," like that which was passed in England last year. It provides that an habitual drunkard may voluntarily apply for admission to an inebriate home or retreat, for a period not exceeding twelve months, that his application must be attested by two justices of the peace after they have satisfied themselves that the applicant is an habitual drunkard, and have explained to him the effect of his admission to a retreat, and that the applicant must submit to the necessary restrictions and treatment of the retreat which he enters. The British statute meets a difficulty which has operated more than any against the full success of institutions for the cure of inebriates, for it prevents the victim from removing himself from restraint and supervision when he fancies himself able to control his craving for strong drink, or regrets that he has voluntarily submitted to the restrictions of a retreat. Another condition necessary to the success of the benevolent object we are considering is the giving of a liberal sum of money by the Dominion Parliament—or the Provincial Parliaments, if it more properly appertains to them—to maintain inebriate homes in the several Provinces. This Government

support is rendered absolutely necessary by the circumstances that the large proportion of persons to be benefitted are of the indigent class, who cannot pay for their maintenance. The inebriate home which has been in successful operation for the past few years in Nova Scotia, was closed in December last for the want of sufficient support, and a smaller, but promising institution, organized by a few persons under the auspices of that able administrator, then the Rector of St. George's Church now the Bishop of Montreal, failed from the same cause Why should not a portion of the money received from the manufacture of and the license to vend liquor be granted towards the maintenance of institutions devoted to the cure and restoration to health of the victims of the immoderate consumption of the articles out of which a profit is made by the authorities ? The Rev. Mr. Willett, superintendent of the Fort Hamilton Inebriates Home of New York, has informed me that the Legislature grants that institution fifteen per cent. of all liquor license money collected in the city of Brooklyn and County of Kings for the maintenance of the indigent patients admitted. The city of Chicago cedes from $12,000 to $15,000 annually from its excise fund for an institution for the care of inebriates; and young Minnesota, but the other day the home of the Indian, has erected an asylum for inebriates from excise money. On this subject permit me to read the remarks of the Hon. Dr. Parker, whose position and experience in the Legislature of his own Province entitles his views to the greatest consideration: "To my mind the Dominion Government, which derives all the custom and excise duties from the importation and manufacture of alcohol and all alcoholic beverages, should apportion a very considerable amount of such revenue for the maintenance of curative institutions for those who have been the victims of the legalized traffic in this article of merchandise. From this social bane millions of dollars of revenue are annually received into the Dominion treasury, and, to the shame of our public men, it has to be said that, thus far in our confederated history, no effort whatever has been put forth to provide the simple natural antidote for the relief and cure of this terrible

disease—inebriate imstitutions." Did time permit I could adduce reliable evidence to prove that the success which has attended well conducted inebriate homes justifies their claims for support from the State and from private benevolence—notwithstanding the incredulity of so distinguished an authority as Dr. Bucknill. But I must pass to other topics.

EXPERTS AT CORONERS' INQUESTS.

Another subject which this Association should, in my opinion, seriously press upon the attention of the Government is the propriety—nay, the need, of employing skilled pathologists to conduct, or, at least to assist in conducting, post-mortem examinations at coroners' inquests and similar judicial enquiries. This is in strict conformity to the principle which recognizes the fitness of employing chemists and alienists as experts in medico-legal investigations affecting their respective departments of science. I fancy some one asks—is the detection and recognition of pathological alterations in the body so difficult that ordinary practitioners may not be relied upon by the courts to conduct post-mortem examinations? It is with some diffidence that I express my own opinion on this delicate topic. It will scarcely be denied that on this side of the water, but few, as compared with the total number of medical students, possess opportunities of learning practically to distinguish and interpret diseased structure; and that yet fewer avail themselves of the opportunities that are afforded them. There is reason to fear that many licentiates have not witnessed half a dozen autopsies during their pupilage, and have not themselves made a single one. Even in Great Britain a practical knowledge of pathological anatomy is a rare accomplishment amongst medical men. Indeed, it would appear from a statement in Orth's that even in Germany, notwithstanding the impulse given to the study of morbid anatomy by the example and enthusiasm of Virchow, "but few students or physicians are able to secure special opportunities for practical training in this department of medical science." Further, when we reflect how seldom private practitioners institute examinations of their deceased

patients, and how frequently, from want of time, the fear of giving offence, and other reasons, they do not seek for opportunities of doing so, we must admit that a very considerable number of us are scarcely competent to give a reliable report upon the lesions that may be found upon the cadaver.

Many of the grosser alterations are easily recognized; but the correct interpretation of the origin, duration and import of many of them is often as difficult as it is important, and requires much familiarity with morbid anatomy and histology.

But besides the obvious and easily recognized lesions, there are many which only a very practised eye and mind can interpret; and many exist that can only be detected by careful microscopic examination.

Is it so easy a thing to determine whether death has resulted from an overdose of chloral or from organic disease of the heart?—from a blow on the head or from Bright's disease?—from a railway concussion or from latent organic changes, that any medical-coroner, appointed perhaps by political influence, or any physician, summoned either because the coroner is his friend or that he happened to be "in at the death," is competent to give a trustworthy opinion, even after having made an internal examination of the body?

Medical men know better, and they owe it to their own profession and to society to labour to effect such a change in the laws that medical examinations at coroner's inquests and similar judicial investigations shall not be conducted without the assistance of trained experts. The pecuniary loss that would accrue to practitioners generally from such a provision would be more than compensated by the greatly augmented respect and consideration that would come to be attached to medical opinion by egal authorities and by the general public. The direct loss would be more than met by the indirect gain.

It is high time that both the profession and the educated public should recognize that pathological anatomy and histology is a a special department of medicine, requiring special cultivation and study on the part of its professors, and that it is no discredit to the average practitioner whose time is chiefly occupied

with the treatment of disease, that he does not feel competent to decide difficult points as to the existence, nature and import of the various alterations of structure that may obtain in the body, and their real relation to death.

In Germany every medico-legal case is submitted to a specially educated official expert, who conducts his examination in accordance with regulations drawn up by "the Royal Committee of Science for Medical Affairs." If the expert's report prove unsatisfactory either to the defence or the prosecutor, it is sent to a Medical Court of Appeal, consisting of the medical colleges of the province. And if this second decision prove unsatisfactory, there is a final appeal to "the Royal Scientific Commission for Medical Affairs, composed of experts of national reputation."

Please observe that in advising the employment of medical experts at coroners' inquests it is not intended to supersede the necessity of calling as a medical witness the physician who may have attended on the deceased.

CENTRAL AND PROVINCIAL BOARDS OF HEALTH.

Permit me to speak upon only one more out of the many subjects that deserve the consideration of this Association. No one will deny that it would be in strict accordance with the opinions which have been expressed from time to time by the Canada Medical Association, and, what is of more importance, in harmony with the views, aims, and actions of the most enlightened men, in and out of our own ranks, in the Mother Country, in the United States and elsewhere, were we, as a body representing the medical profession, to press upon the attention of the people generally, but more especially of the educated classes, and the Provincial and Dominion Legislatures and their respective Governments, the very great importance of establishing a Board or Council of Health for each Province of the Dominion, and a central one at Ottawa for the Dominion. If it be true that under confederation the care of the public health is a function of the Provincial Legislatures, and beyond the power of the Dominion Government, then it appears to me that the first step to be taken should be to establish a central or

national Board of Health, to which should be assigned, amongst other duties, the preparing of a comprehensive plan for a national public health organization, to be submitted to the Federal and the Provincial Legislatures for their approval; the obtaining information upon all matters affecting the public; the advising the several departments of the Government, and the executives of the several Provinces, on all questions submitted by them, or whenever, in the opinion of the board, such advice may tend to the preservation and improvement of the public health; the securing the establishment of a board of health in each Province whose functions shall be performed in accordance with the plan prepared by the Central or National Board; the guiding, advising and assisting the Provincial boards, and securing their co-operation in the obtaining of regular periodical reports upon all matters of State medicine; the combining and summarizing in annual reports all the information and facts contributed by the several Provincial boards of health, and by any other municipal organizations or other source. The Central Board should probably consist, as suggested by Dr. Richardson, of a physician, a surgeon, a physician with practical experience as a health officer, a chemist, a veterinarian, a statistician, a sanitary engineer and architect. These should all be men of first-rate qualifications, and should receive compensation during the time when actually engaged in the performance of their duties, and if the president of the board were given a seat in the Cabinet, as Mr. Stansfeld was in Mr. Gladstone's last administration, and as Mr. Dodson has been in the existing administration of the same distinguished statesman, then the influence and usefulness of the National or Central Board of Health would be greatly increased and its success secured. The health of the people would then be recognized to be as much a primary and special care of the Government as the wealth of the people; and our public health arrangements would cease to be "little dabs of doctoring done by several departments of Government." But can we do no more as medical men to bring about the important reforms in State medicine that we have been considering, than by

reading papers and making speeches at the annual meetings of our Association? Yes, much more. The reproach that has quite recently been raised against the medical profession of England, and indeed of the motherland as a whole, that its members by not offering themselves for Parliament exhibit "great narrowness of mind and want of sympathy with general, social and political questions" cannot be applied to Canadian physicians. While the 20,000 medical practitioners of England have not one of their number in the House of Commons, and Ireland has but two and Scotland but three, their Canadian brethren have many representatives in both the Provincial and Federal Legislatures. Canadian physicians are not content to be the mere padding of social and political life. Now, if the medical men who have seats in the Provincial and Federal Legislatures, would earnestly ventilate and advocate in Parliament and Senate those questions of vital statistics, registration of disease, employment of experts in judicial investigations, central and Provincial boards of health, compulsory vaccination and re-vaccination, inspection of schools, factories, prisons and asylums, a department of public health, etc., we should very soon have them carried. It appertains in an especial manner to the medical M.P. to initiate and advocate measures to prevent disease, prolong and protect life, and advance the interests of science. If he prove recreant, who can blame the lawyer, the merchant or the farmer for lack of interest in sanitary legislation? There is another way in which our profession can powerfully influence legislation for the public good, viz.: by every medical man exercising his personal influence with the member of Parliament representing the town in which he lives. Dr. Stephen Smith, of New York, thus explains how he secured the passage of the State Board of Health bill for New York. He says:—"It was determined to rely on the medical profession of this State for the necessary influence to secure the requisite vote in each House to pass the bill." Immediately after the election last fall, the name and post office address of every member elect was obtained, correspondence was immediately opened with an influential medical man in the immediate

neighborhood of each member, and he "was requested to take an early opportunity to explain to his representative the necessity of establishing a State Board of Health, and to urge him to support such a measure if introduced into the Legislature. The response to this appeal was unanimous and most cordial, and before the meeting of the Legislature a large proportion of the members elect had expressed themselves favorable to the measure. The next step was to secure the preparation of a proper bill," and the "third step was to secure for the bill the personal care of a competent member of each House." In the meantime petitions were extensively signed by leading citizens throughout the State, and the cooperation of thoughtful persons and favorable newspaper editorials were enlisted by the circulation of a pamphlet entitled, "Care of Life and Health in the State of New York." And "so the State Board of Health became a law." Finally, in this connection let us bear in mind the observation of Lord Arthur Russell, that "necessary changes are first originated by a small majority, and subsequently written and talked into existence, until what was at first only an idea becomes a moving force," and let us conduct ourselves accordingly. But there are other useful purposes served and to be served by the Canada Medical Association. In this age of intense activity in all the pursuits of men, whether mainly of an intellectual or of a manual kind, or combining both characters, the persons engaged in them have felt compelled to form themselves into academies, societies, congresses and associations, sectional or national, with the view of promoting the advancement of their respective callings, or awakening a deeper interest in them on the part of their members and of the public, or of extending their sphere of usefulness or vindicating their claim to public support or national appreciation. With the examples before us of our brethren in the Mother Land, in France, in Germany, in the United States and elsewhere, we could not have done otherwise than organize a Canadian Medical Association, and what the British and the American bodies are accomplishing in their respective countries, we are aiming at and doing, however imperfectly, in this our

native or adopted land. And if from any cause, whether from failure to appreciate the high aims, the elevating influence, and the moral force of the Association, or from a selfish disregard of the general interests of the profession, or from a want of an honorable *esprit du corps*, or of patriotism, the Association is not heartily supported by the medical profession of the Dominion, it will be a national reproach.

THE PERSONAL INFLUENCE OF THE ASSOCIATION.

Finally, our Association has done and is doing a good work, in a direction personal to its members, but not on that account to be lightly esteemed. To a body of men whose professional duties exact such an unremitting attention to labor, an annual holiday, even of short duration, is of great value, if merely as affording a temporary unstringing of the bow—a relaxing of the mental strain. But our annual gathering does more. It recalls and endears old memories, when classmates meet once more. It revives and deepens old regards when teachers and their former pupils shake hands and interchange ideas as equals and co-laborers in the healing art. It encourages and cheers the hard worked and isolated practitioner who slaves in the outlying districts of our wilds, when it restores him to the society of his more favored brethren, and reminds him that he is a member of a noble, an influential, and a learned profession. This bringing together of men living in all parts of the Dominion, and representing such diversified interests and opinions, tends to remove prejudices and jealousies, mollify hard feelings, enlarge the human sympathies and develop mutual respect, and very often establish mutual regard. And are not these desirable—much needed—noble uses of our annual meetings? Which of us can afford to despise them? Who amongst us will not be the better for their frequent participation? Who amongst us can habitually ignore the existence of such an Association, and neglect its claims, without failing in his duty to his brethren, and losing an opportunity of becoming a nobler and better man.

INTERNATIONAL COURTESIES.

Before resuming my seat I would avail of this appropriate

moment to render the thanks of this Association to the American Medical Association for the consideration and attention bestowed upon the Canadian delegates at the late meeting of that distinguished body, as well as for the high distinction conferred upon them in making the delegates "honorary members" of the American Medical Association, a position which will enable them to participate like "ordinary members" in the reading and discussion of papers at the meetings of that representative body. It is my further pleasure to acknowledge the compliment paid our Association by the "National Board of Health" of the United States, in sending me, as President of the Canada Medical Association, all the numbers of the *Bulletin*, the official journal of that Board, that have been issued, and in continuing to send them as they are published. These international courtesies are not the less agreeable that they are evidences of mutual regard and sympathy in a common work. But, in truth, national boundary lines do not exist in the domains of science or chivalry. Craving your indulgence for the time I have taxed your patience, and thanking you for the honor you conferred upon me, your presiding officer at this auspicious meeting, I ask you all to join me in the wish that the Canada Medical Association may have an enduring and an increasingly useful future—"*Sit perpetuum.*"

TWO CASES OF PNEUMONIA.

PROBABLE EXPLANATION OF CEREBRAL SYMPTOMS.

By A. D. BLACKADER, B.A., M.D., M.R.C.S., Attending Physician Montreal Dispensary, &c.

[Read before the Medico-Chirurgical Society of Montreal.]

The following case, which I would briefly lay before you this evening, is interesting, I think, certainly from its severity and the masked character of the symptoms and perhaps also from the causes which I consider operated to produce this character in the attack. Mary W. was a girl nearly 12 years old, of sanguine temperament, and one who had always enjoyed fair health. For past two or three months she has complained occasionally of headaches, especially after coming home from

school, where she had been working hard to gain a prize. Of late she has also looked somewhat pale, but her mother does not think there has been any decided loss of flesh. Her appetite up to the present was fairly good, and her bowels always regular. On the 20th June, she was out for a long walk on the mountain with her parents; the day was very hot, with, later on, a thunder storm. During the storm they were all under shelter, but, coming home, she got her feet wet, so that her shoes had to be changed on her return home. That night she slept well, and the following morning (Monday) she took her breakfast and went to school as usual. On coming home in the afternoon, however, she complained of being unwell all over; lay down and fell asleep. At seven she had a light tea, and three hours afterwards became sick at the stomach and was very feverish. During the night she was delirious at times, but became conscious when spoken to, answering questions put to her. At 10 next morning she had a slight attack of convulsions, during which the face was livid, and her hands clenched and rigid—it only lasted a few minutes.

At 11.30 I saw her. Her bowels had just previously been violently moved, and so suddenly that she had been unable to be removed in time. The stool was not large in amount, but dark, liquid and offensive. When I saw her she was lying on her back in a state of half stupor, from which she was only roused by speaking firmly. The face pale, but cheeks and lips livid; pupils not dilated but drawn up under the upper lids; no noticeable squint; tongue protruded slowly, tremulous, thickly coated with a brownish fur; R. 34; P. 120, weak but regular; lungs resonant; breath sounds normal; a few mucous râles through chest: heart sounds normal; spleen not perceptibly enlarged; no fulness or retraction of abdomen, or any apparent tenderness; *Tache cerebrale* but slightly marked; extremities pale and exsanguine; finger nails livid; T. 105° in axilla. Ordered Calomel gr. v, Jalap gr. x, at once, and a mixture of Pot. Iod. gr. i, Pot. Brom. gr. v, Amm. Carb. gr. ii.

At 2 p.m. she had another slight convulsion, lasting two minutes, similar to former one. At 4.30 p.m. the bowels were

moved once freely ; the motion was dark and very offensive. At 5.30 p.m. I saw her again. Face still pale and lips livid ; quite unconscious ; takes food and swallows with great difficulty ; fingers half-flexed at the metacarpo-phalangeal joints only ; no deviation of the pupils noticeable ; both pupils same size ; not dilated. T. 105°2 ; P. 130 ; R. 36.

As the patient was residing at some distance, I made no night visit, but saw her again shortly after ten next morning. She had passed a very restless night, muttering, through the greater part of it, about her school and lessons. There had been frequent twitching of the limbs. She had vomited twice. The ejecta had been dark and coffee colored ; bowels moved once, very black. T. 105°5 ; P. 148 ; R. 38. She had taken almost no nourishment. Her mother had tried to give her some of the medicine, but failed. She died at 4 p.m.

Being in doubt myself about the true character of the case, I succeeded in obtaining a post mortem examination of the body the following afternoon, which Dr. Osler kindly conducted for me. The following are his notes :—

Body well nourished. On removal of the calvarium, dura mater was found normal, adherent ; pia mater deeply injected, both the large and small vessels ; no lymph at base, or special excess of fluid in subarachnoid. On section organ was firm, but with decided excess of blood in it ; puncta vasculosa very marked ; ventricles normal ; walls not soft. Nothing special in substance of brain. *Heart*—Right chambers full of dark blood and clots ; chambers, valves and orifices normal. *Lungs*—*Right*—Upper part of lower lobe is solidified and in state of red hepatization ; firm, airless on section, dry, granular, and several of the bronchi in it containing plugs. The area of consolidation is about as large as the palm of the child's hand. The rest of the lung contains a good deal of blood—not œdematous. *Left*—Lung heavy at base, and contains more blood than normal ; no consolidation. *Spleen*—Enlarged ; half as large again as normal. *Kidneys*—Normal ; vessels full. Nothing abnormal in other organs.

The supposition of pneumonia had occurred to me in this

case at first, but the marked cerebral character of all the symptoms; the history of previous headaches, and the overworked brain—for the child had been studying very hard for some months past—and the fact that the mother was of a somewhat tuberculous diathesis, all induced me to refer it to trouble in the brain, lighted up probably by the long walk in the sun and the after chill doubtless caused by the wetting of the feet.

But although in error, as the autopsy shewed, in supposing the primary mischief to be in the brain, I think there is little doubt that the rapid manifestations of these extreme cerebral symptoms was in a great part due to these two factors—the over-worked brain and prolonged exposure to the sun.

Juergensen, in his article on croupous pneumonia, in Ziemssen's Cyclopædia, referring to these cerebral symptoms, says:—"It would be difficult to assign any reason why these symptoms, which are common in all febrile conditions, should be ascribed in pneumonia to any other cause than to the sudden onset of a high fever." Later on, he says:—"Besides the fever there are probably always individual conditions which favor the occurrence of cerebral symptoms." Among these he places age, alcoholism, anæmia, an easily excitable temperament, and then adds the influence of radiated heat upon the head. To quote again, if you will permit me, he says:—"Although the number of my observations upon the following point is not larger, I wish to call attention to it because it seems to me to be important. Local affections of the brain, with symptoms which are in the main merely functional, may be produced by the influence of radiated heat upon the head as seen in true sun-stroke. In two cases of pneumonia of the inferior lobes, with severe cerebral symptoms, I noticed that just before the outbreak such an irradiation of the scalp had taken place."

In both cases the cause was the walk taken by the pupils of the school. One of the children had his head uncovered; in his hurry not to be too late his cap had been left at home. The other child had repeatedly gone out under a hot July sun with uncovered head. In both instances, simultaneously with

the rigor, the temperature rose to an unusual height, and the symptoms were very similar to those of meningitis.

One more point in this case I would refer to—the hæmatemesis and melœna. On this point Ziemssen says: "Copious hæmorrhages rarely occur in pneumonia; epistaxis is, however, quite common at the beginning of the disease, and sometimes the menstrual flow is successive. Hæmorrhages from the intestines, kidneys or bladder, I have never seen in uncomplicated cases."

My second case will not detain you long; I mention it on account of its prominent symptom—*marked Cyanosis.*

On the morning of the 29th March, I attended Mrs. W. during her confinement, when she was delivered of a fine, healthy-looking boy, considerably over the average size. The labour was quick and perfectly natural; the only thing I noticed at all unnatural was a somewhat prolonged lividity about the face of the child, and that had passed away entirely by the following morning. I doubt whether I should have noticed that if she had not had trouble with some of her previous children. One of them, while she had been under the care of the late Dr. Jno. Bell, was still-born; another had lived only four days. Dr. Bell had made a post-mortem examination, and had pronounced, I was told, some defect in the heart. At the confinement previous to this, I had delivered her of twins still-born, neither of which had I been able to revive, although I had worked for a long time at them, nor was I able to say why I had failed, for the heart of the second seemed certainly to be beating when it was born.

The child, however, seemed to thrive and do well, and the mother, although anxious at first, was quite proud of her fine boy. On the 14th day I was summoned at an early hour in the morning to see the child, which had had a slight convulsion during the night. I found the face deeply livid, as cyanotic as ever I have seen a child; breathing hurried, pulse scarcely perceptible. I made an examination of the lungs as well as I could, but found no dullness, only a few mucous rales through the chest, quite insufficient apparently to account for the

trouble. The child had a slight convulsion while I was present, and these recurred several times during the day. The temperature was nearly 102° in the groin.

More to satisfy the mother than with any hope that they might be of use to the child, I ordered hot poultices of linseed to the back, and a mixture containing carbonate ammonia. The child died the following night.

Dr. Osler was kind enough in this case also to make the post-mortem examination for me. The heart was carefully examined, for on account of the deep cyanosis I had referred the chief trouble there, but beyond the overloaded state of the right side, it was perfectly normal, its valves all perfect, and the ductus arteriosus closed.

The lungs were perfectly normal, except at apex of right lung, a patch of consolidation the size of a walnut was discovered, so slight was it that I believe we were almost passing it over.

The other organs were all examined, but nothing beyond general engorgement was found.

Reviews and Notices of Books.

The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs; in a series of plates taken from Nature; with Commentaries, Notes and Cases.—By HENRY SAVAGE, M.D., London, Fellow of the Royal College of Surgeons of England, one of the Consulting Medical Officers of the Samaritan Hospital for Women. Third edition, revised and greatly extended. New York: Wm. Wood & Co.

The above is a new volume of Wood's Library Series. Its excellence is such that it will no doubt be the means of securing many subscribers for the set; in fact, we know of several in this city who have been induced to send in their names chiefly so as to possess this work. The plates are full-paged, 32 in number, besides which there are 22 wood engravings, with special illustrations of the operations on vesico-vaginal fistula, ovariotomy and perineal operations. The lithographs are faithful

reproductions from the well-known original quarto volume, which is so expensive as to be beyond the reach of the majority of practitioners. They are extremely well executed, and the whole forms an elegant library book. It is surprising how it has been possible for the publishers to add such a costly production to their series, seeing that the volumes are furnished to subscribers at the small sum of $1.25 each.

The Practitioner's Reference Book.—By RICHARD J. DUNGLISON, A.M., M.D., Editor Dunglison's "Medical Dictionary," Secretary of the American Academy of Medicine, &c., &c. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston.

This book, having been some years before the profession, has been extensively sold, and has doubtless proved itself a very useful companion. Its object is to present in one volume a number of useful facts and hints on a variety of medical subjects which the practitioner often has need of and yet frequently knows not just where to look for them. We may mention a few of these to indicate its scope:—Weights and measures; doses of medicine (both for adults and children); diagnostic tables of various groups of disease; poisons and their treatment; dietetic rules and precepts; the performance of post-mortems. Several new chapters appear in the present edition, amongst which are the following:—How to write Metric Prescriptions; the use of the Hypodermic Syringe; do. of the Galvanic Battery; application of Trusses; tables of size, weight and specific gravity of all organs of the body, &c. We have ourselves found the Reference Book very handy, and cordially recommend it to the attention of all our *confreres*.

Photographic Illustrations of Skin Diseases.—By GEO. HENRY FOX, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, Ohio, &c. 48 colored plates taken from life. Nos. XI. and XII. New York: E. B. Treat.

The two numbers just received complete this series of illustrations. We have several times alluded to the great excellence

of these photographic plates, and need only say that the figures selected for the two concluding parts are quite equal to any that have gone before. No. XI. contains examples of the following: Herpes Facialis, Hydroa Bullosum, Erythema circinatum, E. exfoliativum and Purpura Simplex; and No. XII.,Cornua cutanea, Alopecia areata, Morphœa, Scleroderma and Sarcoma Pigmentosum. Considering the great assistance that figures from life must be to students of dermatology, we are glad to observe an announcement from the same author and publisher that a companion work entitled "Cutaneous Syphilis" may shortly be expected.

The Student's Dose-Book and Anatomist Combined.—By C. HENRI LEONARD, A.M., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology, Michigan College of Medicine. Detroit, 1880.

This is a combination of two small, vest-pocket remembrances compiled by Dr. Leonard. The first part contains a complete list of drugs and their doses, together with poisons and antidotes, and a number of practical hints upon various points, collected together under the heading of "short stops." The second includes as much general and special anatomy as it is possible to condense with abbreviations into a small space. The amount of material for reference and remembrance thus presented is considerable, and the combination will no doubt be appreciated by many students.

Transactions of the American Gynecological Society. Volume IV. For the year 1879.—Boston: Houghton, Mifflin & Co. 1880. 8vo., pp. 506.

This fourth volume of these important transactions contains, as usual, an immense amount of valuable concentrated matter on a great variety of subjects connected with the recent progress in the science and art of Gynecology. The able address of the President, Prof. T. G. Thomas, will be read with interest. It treats of "the Gynecology of the future and its relations to Surgery." It is shown how in many instances some new physical

agency has been the means through which sudden and revolutionary advances have been made in some of the departments of medical science. Thus, the use of the ophthalmoscope allowed Von Graefe to throw a flood of light upon the dark places in ophthalmalogy. The microscope did the same for Rokitansky and Virchow with reference to pathological anatomy. "In 1846, anæsthesia was, by a benign Providence, given to man, as if to lessen the weight of the primal curse, and at once, as if by magic, gynecological surgery sprang into renewed life." The cavillers at the recent improvements wrought in this domain are then held up to scorn and rebuke. "The peculiar function of this body is to decry every advance, to depreciate every effort at progress, and, under the fraudulent guise of conservatism, to smother every attempt at improvement by abuse and misrepresentation."

Amongst the papers contributed we may mention the following:—Intra-Uterine Medication by Iodized Phenol, by Dr. Battey; Treatment of Puerperal Septicæmia by Intra-Uterine Injections, by Dr. Jenks; Sporadic Septicæmia in Gynecological Practice, by Dr. Chadwick; a contribution to the Pathology of the Cicatrices of Pregnancy, by Dr. Busey—a very interesting description of the probable mode of production of the lineæ albicantes both in pregnancy and under other conditions; Prolapse of the Ovaries, by Dr. Mundé—an able paper on a subject admitted by all the speakers to be one of great importance; case of "Battey's Operation," by Mr. Spencer Wells—much of the interest of this case consisted in the continuance of menstruation after apparent removal of both ovaries. The writer, following a suggestion of Dr. Battey, accounts for this by supposing that a small portion of one ovary (which was adherent) was left behind, and thus perpetuated the uterine flow. The pain, however, was immeasurably less than before. The early application of the Forceps in the First Stage of Natural Labor, by Dr. Isaac E. Taylor; Mismanaged Labor the cause of much of the Gynecological Practice of the present day, by Dr. J. Taber Johnson, and the following article from the pen of Dr Bozeman for those who like big words, especially if they have a strong Greek flavor

about them—Kolpoecpetasis *versus* Partial Kolpokleisis—and several others.

In addition to this matter, there is a complete Index of Gynecological and Obstetric Literature of all countries for the year 1878, together with Indices of Obstetric and Gynecological Journals and Societies.

Books and Pamphlets Received.

Contributions to Orthopœdic Surgery and Lectures on Club-foot. By Jos. C. Hutchison, M.D., Visiting Surgeon to the Brooklyn City Hospital, &c. New York: G. P. Putnam's Sons.

The Practitioner's Handbook of Treatment or the Principles of Therapeutics. By J. Milner Fothergill, M.D., Second American edition. Philadelphia: Henry C. Lea's Son & Co.

Transactions of the Medical Society of the State of Tennessee at its 47th annual meeting.

The Transactions of the American Medical Association. Volume XXX.

A new School Physiology. By Richard J. Dunglison, A.M., M.D. Philadelphia: Porter & Coates.

The Pathology, Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By Graily Hewitt, M.D., Lond., F.R.C.P., &c., &c. Third American, from the third London edition. Revised and enlarged. Philadelphia: Lindsay & Blakiston.

The Skin in Health and Disease. By L. Duncan Bulkley, M.D. Philadelphia: Presley Blakiston.

REPRINTS.

Optico-Ciliary Neurotomy, the proposed substitute for extirpation of a lost and painful eye-ball. By Julian J. Chisholm, M.D. Baltimore: J. W. Borst & Co.——*Anæsthesia by Ethyl-Bromide.* By H. Augustus Wilson, M.D. ——*Diabetic Cataract, Iritis, &c.* A Clinical Lecture by J. C. Lundy, M.D. ——*Sympathetic Affections of the Eye.* By J. C. Lundy, M.D.——*Peptonized Milk as Food for Infants and Invalids.* By R. J. Munn, M.D. New York: Wm. Wood & Co.——*Diagnosis of Malignant Tumors of the Upper Jaw in Youth.* By J. McLane Tiffany, M.D., Professor of Operative Surgery, University of Maryland. Baltimore: J. W. Borst & Co.

—Dr. J. J. Chambliss in the *Medical Herald* contributes an article on Dextro-Quinine. He says: "I have used it in all the various manifestations of malaria, intermittent, remittent and pernicious fevers, periodical neuralgia, etc. I am prepared to recommend it to the consideration of the profession as a safe and efficient substitute for the more expensive sulphate of quinia; and I think it deserves at least a fair and impartial trial at the hands of the profession at large."

Proceedings of Societies.

CANADA MEDICAL ASSOCIATION.

OTTAWA, 1st September, 1880.

The thirteenth annual meeting of the Canada Medical Association was opened this day in the Parliament Buildings, when were present—Drs. Marsden, Hill, Howard, David, Workman, Burritt, Gardner, Burgess, Wright (H. P.), Robillard, Clark, Caniff, Duplessis, Grant, Ross, McDonald, Mullin, Harrison, Zimmerman, Fulton, Shepherd, Sweetland, Osler, Playter, Rottot, Lachapelle, and many others.

The President, Dr. Howard, took the chair at 10.15, and on opening the session requested all the ex-presidents to take seats on the platform.

Dr. Grant, on behalf of the Committee of Arrangements, announced the programme of the proceedings, and that the adjournment for luncheon would be from 1 to 2 each day.

The minutes of the last day's meeting of last session were then read and confirmed.

The Committee of Arrangements reported the credentials of Drs. Brodie, of Detroit, Brush, of Utica, and Goodwillie, of New York, as delegates from the American Medical Association, correct.

Dr. J. D. McDonald moved, seconded by Dr. Marsden, that Drs. Brodie, Brush and Goodwillie, from the United States, be elected honorary members, which motion was carried by acclamation. The President requested these gentlemen to take seats on the platform. Dr. Brodie returned thanks.

Dr. Marsden proposed, seconded by Dr. Gardner, Drs. Jas. Bell (Montreal), R. Howard (St. Johns, Quebec), A. Lapthorn Smith (Montreal), R. Pattee (Plantagenet), and Jas. Cassils (Three Rivers, Que.), as permanent members of the Association, and these gentlemen were duly elected.

Dr. Grant moved, seconded by Dr. Marsden, "That the By-law requiring members to pay for every year be suspended for this meeting," but after a short discussion this motion was suspended until the report of the committee on the question of fees, &c., had been received.

It was moved by Dr. Sweetland, seconded by Dr. H. P. Wright, that Drs. McDougall and Bentley, of Ottawa, be elected permanent members. These were elected.

Dr. Caniff moved, seconded by Dr. J. D. McDonald, "That the President's address be the first order of business after recess," which was agreed to.

It was moved by Dr. Stewart, seconded by Dr. Gardner, that Drs. A. Worthington, of Clinton, and J. Campbell, of Seaforth, be elected permanent members of the Association. They were elected.

On the motion of Dr. Marsden, seconded by Dr. McDonald, the By-laws on the order of business were suspended for the present.

Dr. Mullin then reported for the Committee on Fees, &c., "that it is not desirable to insist upon the payment of the annual fee except by those who are present at the meeting," when it was moved by Dr. Bray, seconded by Dr. Harrison, that this report be adopted, which motion was carried unanimously.

On the order of business being resumed, the President called upon the Standing Committees to report.

There was not any report from the Committees on Medicine or Surgery.

Dr. Gardner read an interesting report on Obstetrics.

On the motion of Dr. Grant, seconded by Dr. Powell, Dr. Rogers, of Ottawa, was elected a permanent member.

On the motion of Dr. Sweetland, seconded by Dr. H. P. Wright, Drs. Robillard and Malloch, of Ottawa, were duly elected permanent members.

Dr. Tester, of Oswego, Ill., requested permission to attend the meeting, which was granted most cordially.

Dr. Botsford read his report on Sanitary Science, which was discussed by Drs. Brodie, Playter, Brush, Workman and Grant.

On motion of Dr. Mostyn, seconded by Dr. Shepherd, Dr. O'Brien, of Renfrew, was duly elected a permanent member.

Dr. Osler then read his report on "The Progress of Pathology," when it was moved by Dr. Caniff, seconded by Dr. Sweetland, "That the discussion on the Reports by Drs.

Gardner and Osler be taken up to-morrow morning," which was agreed to.

On the motion of Dr. Workman, seconded by Dr. Botsford, the following gentlemen were named as the "Committee of Nomination":—

Dr. Marsden, Quebec; Dr. Robillard, Quebec; Dr. Osler, Quebec; Dr. Ross, Quebec; Dr. Caniff, Ontario; Dr. McDonald, Ontario; Dr. Hill, Ontario; Dr. Grant, Ontario; Dr. Clark, Ontario; Dr. Botsford, New Brunswick.

The President named Dr. McDonald Chairman of the Medical Section, and Dr. Ross as Secretary; Dr. Caniff Chairman of the Surgical Section, and Dr. McDougall as Secretary.

It being past one o'clock, the meeting adjourned.

AFTERNOON SESSION.

A large number of members being present at 3 P. M.,

It was moved by Dr. Workman, seconded by Dr. Marsden, "That, in the absence of the President, Dr. Botsford take the chair."

This being agreed to, the minutes of the morning's meeting were read and confirmed.

On the motion of Dr. Hingston, seconded by Dr. Grant, Dr. Brunel, of Montreal, was duly elected a permanent member.

Dr. Ewing, of Hawkesbury, was elected a permanent member, on the motion of Dr. Ross, seconded by Dr. Gardner.

The President then read his address. (*See page* 65.)

On the motion of Dr. Marsden, seconded by Dr. McDonald, Dr. C. S. Parke, of Quebec, was elected a permanent member.

On the motion of Dr. Gardner, seconded by Dr. Ross, Dr. J. D. Lafferty, of Pembroke, was elected a permanent member.

Dr. G. H. Preston and Dr. J. G. Beard were elected permanent members, on the motion of Dr. Grant, seconded by Dr. Botsford.

On the motion of Dr. Wright, seconded by Dr. Whiteford, the following gentlemen were duly elected members:—Dr. J. C. Prevost, Montreal; Dr. L. C. Prevost, Ottawa; Dr. F. McEwen, Carleton Place; Dr. Lamarche, Montreal; Dr. J. D. Kellock, Perth, as were Dr. G. H. Graves, of Carp,

Ont., on the motion of Dr. Fulton, seconded by Dr. Ross; Dr. Bentley, of Richmond, Ont., on motion of Dr. McDougall, seconded by Dr. Whiteford; Dr. Mann, of Renfrew, on motion of Dr. Grant, seconded by Dr. Stewart; and on the motion of Dr. Pickup, seconded by Dr. McDonald, Dr. V. H. Moore, of Brockville.

On motion of Dr. Botsford, seconded by Dr. Workman, the meeting then resolved itself into sections.

SECOND DAY.

2nd September, 1880.

There being present Drs. Howard, David, Robillard, Botsford, Caniff, Burgess, Ross, Stewart, Pattee, Gardner, Workman, Campbell, Riddle, Mullin, Pickup, McDonald, Burritt, Bray, Bell, Shepherd, Sweetland, Fulton, McDougall, Brunel, Wright, Hingston, Rottot, Lachapelle and others.

The President took the chair at 10:30.

The minutes of yesterday afternoon's session were read and confirmed.

On the motion of Dr. Pickup, seconded by Dr. Moore, Dr. Cranston, of Arnprior, and Dr. Dickson, of Pembroke, were elected permanent members.

Dr. McDougall, as Secretary, reported the proceedings of yesterday's Surgical Section.

The discussion of Dr. Gardner's report on Obstetrics was then opened.

Drs. Campbell, Bray, Wright, Workman, Brodie, Goodwillie, Dickson, Harrison, Pickup, Moore and Mullin having spoken, Dr. Gardner replied to several important questions put him.

The general Secretary then read telegrams just received expressing regrets at not being able to be present at this meeting from Dr. T. K. Holmes, of Chatham, W. H. Brouse, Prescott, and Atherton, of Fredericton.

On the motion of Dr. Wright, seconded by Dr. Cranston, Dr. C. Church, of Ottawa, was elected a permanent member.

Dr. Hingston then made some remarks on the treatment of hæmorrhage, but no discussion was allowed by the President,

when Dr. Osler's report came up, and Drs. Mullin, Howard, Fulton and Hill spoke on it, and Dr. Osler replied.

Dr. Steven Wright, of Ottawa, was elected a permanent member on the motion of Dr. Sweetland, seconded by Dr. Wright.

The President then requested the Vice-President for Ontario, Dr. Hill, to take the chair, as he wished to read the report of the special committee on sanitary matters appointed at the last meeting, but as it was a very lengthy document, he would explain its purport and only read extracts, concluding with proposing "that the President elect, Drs. Oldright, Grant, Browne, Strange and Larocque be a committee to continue communication with the Dominion Government with the view of securing a grant towards carrying out an effective system of health registration," which motion was agreed to.

The Association then, on motion, resolved itself into sections at noon.

AFTERNOON SESSION.

A quorum being present at 3 o'clock, on motion, Dr. Botsford took the chair.

The minutes of the morning's session were read and confirmed.

The President entered during the reading of the minutes and assumed the chair.

It was then moved by Dr. Fulton, seconded by Dr. Bray: "That the following committee be appointed to consider the propriety of adopting some uniform system of classification of disease for the guidance of the profession in Canada, and report at the next meeting of this Association, viz., Drs. Workman, Ross, of Montreal; McDonald, of Hamilton; Atherton, of Fredericton; and Parker, of Hamilton; which motion was carried.

The Assoctiation then went into sections.

At 5.45 the President resumed the chair of the General Session.

On motion of Dr. Osler, seconder of Dr. Campbell's notice at last meeting, the following was adopted: "That the time devoted to the reading of any paper, except addresses on special subjects, which at a previous meeting had been assigned to a member, shall not exceed thirty minutes," which was agreed to.

Dr. R. P. Howard gave notice of motion for the next meeting:

That By-law chap. 7, first clause of section 2, be amended to read as follows: "Every permanent member shall pay the treasurer two dollars at every annual meeting which he attends."

The Secretary then read the report of the Committee on Necrology, drawn up by Dr. Fulton, giving the names of thirty-one members who had died since our last meeting.

Dr. Botsford, for Dr. Hingston, then moved, seconded by Dr. Sweetland, "That in view of the discussion on over brain-work and cram in schools, elicited by Dr. Grant's very important paper on "Gymnastics of the Brain," the following be a committee to report at the next meeting of this Association in reference to this subject, viz., Drs. Grant, Workman, D. Clark, Hingston, Larocque, Botsford and Playter," which motion was unanimously agreed to.

Dr. Caniff moved, seconded by Dr. Sullivan, "That it is the unanimous opinion of this Association that at the present time there is no subject demanding the attention of legislators in this country of greater importance than that of public health, and that in order that Canada may not be behind other countries in this important matter, it is most desirable that both the Dominion and Provincial Governments should, with as little delay as possible, legislate and provide means for the better promotion of the public health throughout this Dominion, and that the General Secretary furnish a copy of this resolution to the Secretary of State." *Carried.*

The Treasurer's report was then read, and Drs. Henderson and Buller were named Auditors.

Dr. Marsden, as Chairman of the Nominating Committee, then reported the following as the officers and Committees for the ensuing year :—

President - - -	Dr. Caniff, Toronto.
General Secretary - -	" A. H. David, Montreal.
Treasurer - - -	" E. Robillard, "
Vice-President for Ontario -	" J. A. Mullin.
Secretary " " -	" Adam Wright.
Vice-President, Quebec - -	" G. E. Fenwick.
Secretary " -	" G. A. Belleau.

Vice-President, Nova Scotia Dr. McNeil Parker.
Secretary - " " Lawson.
Vice-President, New Brunswick " J. Christie.
Secretary " " P. Inches.

Halifax to be the next place of meeting, and the meeting to be held on the first Wednesday of August, 1881.

Committee of Arrangements.—Hon. Dr. Parker, Dr. Wickwire and Dr. Jennings, all of Halifax, with power to add two members.

Committee on Publication.—Drs. Zimmerman, Toronto; Osler, Montreal; Campbell (F. W.,) Montreal, with the General Secretary and Treasurer.

Committee on Medicine.—Drs. A. P. Reid, Halifax; T. K. Holmes, Chatham, Ont.; Taylor, St. John, N. B.

Committee on Surgery.— Drs. Farrell, Halifax; Sullivan, Kingston; Brunel, Montreal.

Committee on Obstetrics.— Drs. Js. Ross, Toronto; R. S. Black, Halifax; Henderson, Ottawa.

Committee on Therapeutics.—Drs. James Stewart, Brucefield, Ont.; Dickson, Pembroke, Ont.; Bray, Chatham, Ont.

Committee on Necrology.—Drs. E. P. Lachapelle, Montreal; S. Z. Earle, St. John, N. B.; J. Fulton, Toronto.

Committee on Education.—Drs. Bayard, St. John, N. B.; Robillard, Ottawa; Pickup, Brockville.

Committee on Climatology and Epidemic Diseases.—Drs. Playter, Toronto; Oldright, Toronto; Larocque, Montreal; Alison, St. John, N. B.; Jennings, Halifax.

Committee on Ethics.—Drs. McDonald, Hamilton; Hingston, Montreal; Robillard, Montreal; Parker, Halifax; Grant, Ottawa; Botsford, St. John, N. B.; Prevost, Ottawa; D. Clark, Toronto; Osler, Montreal; Sweetland, Ottawa.

The Nominating Committee recommend that the President shall exercise his discretion in appointing delegates to any sister scientific associations.

Dr. Hill moved, seconded by Dr. Marsden, " That the thanks of this Association be tendered the Speaker of the House of

Commons for the use of the Rooms during the *séance* of the Association." *Carried unanimously.*

Moved by Dr. Botsford, seconded by Dr. Hill, "That the usual honorarium be paid the General Secretary and the expenses of the Treasurer be allowed that officer, and that the best thanks of the Association be tendered both these gentlemen." *Carried.*

It was then moved by Dr. Mullin, seconded by Dr. Caniff, "That a general certificate be issued by the General Secretary to enable members of the profession to have the advantage of the reduction of rates in travelling enjoyed by members of the Association, and that such certificate be supplied through the Local Secretaries to the Secretaries of all Medical Societies," which was agreed to.

On the motion of Dr. Marsden, seconded by Dr. McDonald, a vote of thanks was accorded to the Grand Trunk and Quebec, Montreal, Ottawa and Occidental Railroads, and to the Ottawa River Navigation Company, for their kindness in reducing the fare of members attending the meeting.

Dr. Botsford then moved that the President leave the chair, and Dr. Caniff be requested to take it; when Dr. Grant moved, seconded by Dr. Botsford, "That a cordial vote of thanks be accorded to our past President for the able manner in which he his presided during our deliberations, and for his admirable and well-timed address," which motion was carried with acclamation.

Dr. Caniff having conveyed the thanks of the Association to Dr. Howard, that gentleman replied.

The auditors reported having examined the books and vouchers of the treasurer, and found all correct.

The meeting then adjourned at 6.30 p.m.

The Medical Section.

Ottawa, September 1st, 1880.

The Medical Section was opened at 4 p.m.—Dr. J. D. MacDonald (Hamilton), chairman; Dr. Ross acted as secretary.

Dr. Jos. Workman read a translation of a writing by Prof. Tamburini upon the subject of Localization of Brain Disease.

The example consisted in an epileptic patient in an Italian asylum. Frequent accesses and vertigoes were present. The mental faculties were very deficient, but the vegetative functions were well performed. There was marked atrophy of the limbs of the left side, as shown by measurements in all directions. The autopsy showed marked atrophy of the right hemisphere, inflammation of the meninges, with purulent exudation over a great part of the surface, with sclerosis of the optic thalamus of the same side. The particulars of the case (which were fully detailed both clinically and pathologically) tended strongly to support the present views concerning the localization of cerebral functions.

Dr. Osler next read a paper called "A Contribution to the Question of Spastic Spinal Paralysis." The reader first demonstrated by diagrams the situations in the cord in which are found the lesions of descending and ascending paralysis, the secondary results of previous morbid changes. He then read the report of a case which had exhibited well-marked clinical features of spastic paralysis. The autopsy showed that the process of sclerosis was not confined to the lateral columns only, but extended circumferentially over a much more extended area. The writer's conclusion was that it is probable that spastic spinal paralysis is not a distinct pathological affection, but may originate secondarily to certain local changes, and that the seat of the disease was not the lateral columns alone.

Dr. Ross said that having seen this patient before Dr. Osler, he had readily diagnosed it as a typical example of spasmodic paralysis. It was, therefore, very interesting to have learned the actual lesion present in the case, which did not correspond with the statements of the classical writers.

Dr. Fulton read a paper on Pseudo Hypertrophic Paralysis. A general account of this rare disease was given and a report of the case he had observed. The patient, a young man, was present, and, being stripped, was examined by the members.

Dr. R. P. Howard showed photographs of two well-marked cases which had recently come under his observation. They were both boys.

September 2nd.

The Medical Section was opened at 12 m.—Dr. J. D. Macdonald, chairman; Dr. Ross acted as secretary.

Dr. Hill read a paper on "The Discarded Practice of Venesection." He believes that the disuse of bleeding at the present day is due in great measure to a change of type in diseases within the last thirty or forty years, but still he thinks that the time is not far distant when the lancet will be more employed than at present. Allusion was specially made to bleeding in the early stages of fever, in pneumonia and in puerperal convulsions.

Dr. Botsford sympathized with the opinions of the essay. He had heard Prof. Gross style venesection "one of the lost arts." Fashion, of course, had a great deal to do with this, but he was satisfied that it arose greatly from the wonderful advances in pathology of late years.

Dr. R. P. Howard said that even now there was much diversity of opinion as to recent change of type. Probably fashion had much to do with it, but there were some well-established facts to be remembered: *e. g.*, take pneumonia, we moderns are much more successful in the treatment of this disease than were those who lived in the days of bleeding *coup sur coup*. Thinks the symptoms of Cullen's *synocha* are often met with in the early stages of typhus and typhoid, cerebro-spinal and other fevers. Query: Would bleeding be useful under these circumstances? Believes that now-a-days the nervous element is more prominent — the condition, so-called neurasthenia, was more frequent,—and thus a different treatment was plainly indicated.

Dr. J. Campbell alluded to the strong feeling against bleeding in many persons; that this feeling gave rise to reflections when a case ended fatally, and that many physicians were thus deterred from employing this remedy. He had been successful with it in three cases of puerperal convulsions.

Dr. Laverty contended, on the other hand, that many old-fashioned people blamed the doctor if he failed to bleed.

Dr. Brush would confess that he had never seen a venesection practised. Austin Flint says, in pneumonia never bleed.

He himself (Flint) had pneumonia; bleeding was advised; he repeatedly refused to consent; finally, the distress becoming more urgent, he sent for his medical friend and requested to be bled. This was done and he was relieved.

Dr. Osler had practised bleeding recently in a case of pneumonia where he thought life was saved thereby. There was complete consolidation of one lung and commencing œdema in the other. Cyanosis was extreme and death imminent. Relief was immediate and recovery perfect. He would also recommend it in the early stages if there was very high fever; also to relieve fulness of the right heart in some forms of chronic valvular disease.

Dr. Ross said that when ordering bleeding he would like to know the reason for so doing. Several had spoken of using it in puerperal convulsions. On what grounds was it here employed? It used to be said that this symptom arose from congestion of the brain, which bleeding relieved. Few now believed this. He had treated puerperal convulsions with bleeding and without. He considered that the main indication was to allay the irritable state of the motor nerve centres of the brain, and that this could best be done by chloral hydrat.

The section then adjourned till 2.30 p.m.

On re-opening at this hour,

Dr. Grant read a paper upon "The Gymnastics of the Brain," in which he argued strongly against the present system of common and high school education, contending that young children were often physically injured by the excessive amount of studies imposed upon them.

Dr. Brodie, of Detroit, thought Dr. Grant was on the right track, but had not got down to the bottom of the difficulty. "Cramming" rose in the natural state of society, and until that was changed our children would hardly be free from its injurious results. Children at fifteen years of age, to-day, were not children as of old, and in order to give them an education, it was necessary to begin early in life to learn. It was the same way in politics and religion. In this day they commenced education early, but there was a reason in the system. They

took a proper time for study. The competitive system of to-day excited the children, and he did not know how they were going to get rid of it. It was after the age of the world. How to get rid of the ills of mental excitement was the trouble. In Detroit they were trying to abolish female teachers, for the reason that they excited the children more than male teachers did. A man could, in his opinion, educate one hundred children in five years, and bring them along better than a woman could in fifty. They were also trying in Detroit to do away with high schools. They were too near a step to the universities. He believed if Dr. Grant's paper was discussed in the homes of parents, and in the school-rooms, something would be gained.

Dr. Clarke, of Toronto, said the hot-house growth in education would result in disaster to the country if continued. The school-houses were built with an improper system of ventilation, and children were packed in rooms like sardines in a box. He thought school boards composed of medical men would be a good idea. He advocated the cutting off of two-thirds of the common school curriculum. This thing of teaching the ordinary student everything in the heavens above and the earth beneath, &c., &c., was absurd. Under these adverse circumstances it was impossible to have a healthy mental development. The children to-day with their pale faces and flabby muscles meant the deterioration of the people of this country, which was a very serious matter.

Dr. Botsford, of St. John, felt, too, that the over-stimulating of the brain destroyed the power by which it is to act. If the whole power of the system was diverted into the recesses of the brain a physical weakness must ensue.

Dr. Kimball also made some complimentary remarks on the paper, and believed that seven years was the proper age to commence the education of the young.

Dr. Burgess, of London, thought Latin, Greek and algebra might be cut off the public schools curriculum.

Dr. Workman said we had been making amazing progress in education. It seemed that the more schools we built, like lunatic asylums, the more we required. He deprecated the system

of competitive examination, and wanted more attention devoted to common education. As an instance of the "cramming" process, he referred to the case of a lady who sat up four nights in succession preparing for a competition, which could not be healthy. He thought we were educating too much; young men were placed two or three storeys above their station, and looked down on their parents with scorn, thus destroying the family bond. What were we to do with our boys and girls was a hard question to solve. They were growing up so as to be of no use to the country or to themselves. They had a smattering of everything, and in the end could do nothing.

Dr. Brodie said that Dr. Grant took the ground that a child should not attend school until seven years of age. He desired to know what this was based on. Did it mean a deterioration? Fifty years ago the best and hardiest men of the day went to school as young as four years, and mentally were in no way weakened. He thought it was the eating of high-spiced food and improper dieting that was the reason of the children of to-day being physically weak.

Dr. Grant said if young children had plenty of ventilation, and only one or two subjects to discuss, earlier education might be all right; but the children of to-day were overburdened with study. A colt could not be expected to carry the burden of a dray horse; and so with a child, any undue strain on its mental organs had an injurious effect. Statistics showed that the greater number of deaths occurred between the ages of six and seven.

Dr. Brodie recognized that the doctor was correct, but threw out the suggestion that some way might be proposed for a change in the condition of affairs.

Dr. Bray, of Chatham, thought so long as we had our "cramming" system of education, so long would the brain be defective. If the system was simplified it would remedy the evil. Every high school board, he thought, should have a gymnasium. He was a member of the Chatham High School Board, and he was happy to say they had a gymnasium, which had a very beneficial effect on the physical development of the pupils. He did not like the idea of doing away with high schools, and

favored a gradual upward tendency. He trusted the agitation in the direction of an improvement in our school system would be continued and end in success.

The Chairman said the system imposed such a strain on the youthful brain that girls became fanciful, hysterical and useless. He did not think gymnastics would improve the condition of the pupil. It was merely adding to the fatigne.

Dr. Marsden thought the system was faulty, and should be amended. The discipline was too rigid and unnatural, and the fruits of it were that they studied everything, and were fit for nothing in the end.

Dr. Hingston, of Montreal, suggested that a committee on general education be appointed, with Dr. Grant as chairman, who might report on the matter. He drew attention to the fact that the denunciations of to-day did not obtain against the French-Canadians.

Dr. Riddell, of Toronto, thought medical education should be discussed as well.

The Chairman said it was out of order.

Dr. Riddell said there was as much "cramming" in medical schools as in others. (Laughter.)

Dr. Bray moved, seconded by Dr. Burgess, that the principle embodied in Dr. Grant's papers and approved of by this Association is worthy of the consideration of the educational authorities of the Dominion.—*Carried.*

Moved by Dr. Hingston, seconded by Dr. Sweetland, that in view of the discussion on the brain work, or "cram" in schools, elicited by Dr. Grant's very important paper on "Gymnastics of the Brain," the following committee be appointed to report at the next meeting in reference to the subject:—Drs. Grant, Workman, Clarke, Hingston, Larocque, Botsford and Playter.—*Carried.*

Dr. Stewart, of Brucefield, Ont., then read a communication on "The Preventive Treatment of Hemicrania by Cannabis Indica." A synopsis of 15 cases was given, with results, showing that the drug is very valuable in certain of these cases, but not in all, and the writer thinks the distinction between these two sets of cases can actually be made.

Dr. R. P. Howard said that, as far as he knew, Prof. Seguin was the only person who had directed recently attention to this subject. He was proud to find such a valuable contribution to this matter of Therapeutics by a Canadian physician.

Dr. Ross read for Dr. Jas. A. Sewell, of Quebec, a paper on "Tea as a Therapeutic Agent," containing several cases observed by the author in which strong infusion of tea had acted very rapidly and very beneficially in counteracting the toxic effects of opium.

Dr. Marsden read a paper on a case of Moveable Kidney or "Ectopia Renalis." The rarity of the disease, persons in whom it is likely to occur, causes, and other points of interest were dwelt upon.

Drs. Zimmerman and J. Campbell mentioned similar cases they had seen.

Dr. Osler had only met with one case in 500 autopsies. There was no record of its having produced any symptoms. It could be moved freely in all directions. It was covered with peritoneum, the fatty capsule alone being loose.

Dr. Burgess, of London, read a paper on "The beneficial and toxic effects of the various species of Rhus." Dr. B. had had a large personal experience of poisonings by these plants when on a surveying expedition along the Rocky Mountains. He believes lotions of lead to be the best local application. Rhus is useful in certain forms of skin disease and in some affections of the tendons and ligaments.

Dr. Ross remarked that he had always doubted the statements concerning poisoning by these plants without contact, but some of Dr. B.'s cases strongly supported that view. He had often seen cases in Montreal, but knew that the real diagnosis was frequently not made. The ordinary Rhus Toxicodendron could often be seen growing in neglected plots even in the heart of the city, and children frequently suffered from handling the leaves. He asked Dr. B. if any other species occurred in the Province of Quebec, but the latter replied that he was not aware.

During the progress of the sectional work, Dr. Osler exhibited in another room a series of preparations, coarse and microscopic, of various forms of disease of the brain and spinal

cord. These were viewed by nearly all the members, and the Doctor was highly complimented upon the usefulness and instructive nature of his collection.

The Surgical Section.

September 1st.

The Surgical Section was opened at 2:30 p.m. Dr. Caniff in the chair. Dr. McDougall acted as Secretary.

The first paper read was by Dr. Goodwillie, entitled "Surgery of the Antrum of Highmore;" the patient who was the subject of the paper, Dr. Munro, of Lanark, being present. (An account of this case will appear next month.)

Dr. Clark then read a paper on "Brain Lesions." He believes that the brain can stand more ill treatment than any other organ in the body. Epilepsy, chorea, &c., may follow brain lesions. Does not agree with the views of the Ferrier school on localization of functions. There are no satisfactory lines of demarcation in the brain. The sulci form only partial divisions between the convolutions. Agrees with Richet that the basal and cerebellar ganglia are the centres. Bases this opinion on the facts (1) that the base is much better supplied with blood than the cortex, and (2) the want of uniformity in the symptoms when portions of the brain are removed, as by accident. The writer cited a number of cases, chiefly from the records of military surgeons of the late American war, to support these statements. Mentioned numerous cases of recovery after gunshot wounds of brain, with loss of cerebral matter. No discussion.

Dr. Reeve read a communication on "Plastic Operations on the Eyelids." The writer advocated transplanting large portions of skin. They must be thoroughly freed from subcutaneous tissue and accurately applied. They must also be large, as there is great contraction.

Dr. Hingston made some remarks on—(1.) Method of treating the graft. While preparing it keep it warm by frequently dipping it into hot water and scraping off the under surface until it resembled white kid. Only fifteen cases recorded. He (Dr. H.) has had four cases, three of which were successful.

(2.) Were antiseptic precautions used? (3.) How does the skin unite?

Dr. Reeve replied that lymph is effused and soon becomes permeated with vessels, and union occurs throughout the whole under surface of the flap at once.

September 2nd.

The Surgical Section was opened at 12 noon. Dr. Caniff in the chair; Dr. McDougall secretary.

Dr. Hingston read a paper on "The Surgical Treatment of Wounds." He dwelt chiefly on the methods of obtaining union by first intention of these surgical wounds when such a mode of union was advisable, and showed that attention to certain details, which by many might be thought unimportant, was necessary. He advisd absolute cleanliness of the wound and of the neighborhood of the wound; cleanliness of the surgeon's hands and those of his assistants; freedom of the surfaces of the wound from everything that could interpose a barrier to primary union. Whether from within or without the body, recommended *no* ligature nor torsion, but forcipressure or acupressure to check hæmorrhage; opposed the use of adhesive plaster or bandages, as leading to meddlesomeness afterwards; opposed the use of drainage tubes, or horse-hair or other tents, before closing the wound, or warm or cold water dressings after; suggested a method of preventing perforation of the flaps by the cut end of the long bones, &c. The paper was confined exclusively to obtaining union by first intention; when that failed, and suppuration became established, he left the case to be dealt with as recommended in surgical works generally, advising, however, the *early* opening of the abscess in the stump.

Dr. Brodie—The simplest procedures are the best; hot water to arrest hæmorrhage and cleanse the wound, and then as little interference as possible.

Dr. Fulton does not believe in Listerism, and opposes use of drainage tube.

Dr. Stewart—Blood clot may become organized in wounds with Lister's treatment.

Dr. Hingston denies that it ever does.

Dr. Caniff—Clot in a wound does sometimes become organized, but it is not a blood clot; it is a "fibrin clot coloured with blood."

Dr. Sullivan asked the reader how he arrested hæmorrhage?

Dr. Hingston arrested hæmorrhage by forceps pressure; never by torsion, and as seldom as possible by ligature. Never ligatures any but the largest vessels. Leaves the wound open to glaze. Has no objection to leaving it for hours. Is strongly opposed to Listerism. In an article lately published by a Montreal surgeon, a number of cases treated by this method were reported. In not a single case had union occurred by first intention; whereas in his own practice this frequently occurred where no such precautions were observed.

Dr. Bell—In the cases referred to, union had occurred by first intention in every single case. Was not aware whether the fact was expressly stated in the article in question or not, but could assure Dr. H. that such was the case. These cases, moreover, were all major amputations, and drainage tubes were inserted at the angles of the wound; but all along the face of the wound primary union occurred with wonderful rapidity.

Dr. Hingston, in nineteen years' attendance at the Hotel Dieu, was certain that he had not known erysipelas to originate in that hospital twice.

The Section adjourned at 1.30 p.m.

On re-assembling at 3 p.m.,

Dr. Caniff gave a communication upon a case of "Resection of Elbow Joint."

Dr. Buller read a paper on "Mastoid Disease." (This paper will be published next month.)

Dr. Wright (Ottawa) asked—Are chills indicative of formation of pus? *Ans.*—One chill indicates formation of pus; a series of chills, septicæmia or pyæmia.

Dr. Sullivan (Kingston)—Does great swelling and redness indicate the use of the knife? *Ans.*—Always cut down and examine the bone; go farther if necessary; don't be too anxious to go into the bone.

Dr. Reeve has a special drill for these cases; advises more

ear-prophylaxis; recommends the use of boracic acid for both eye and ear; deprecates the use of astringents. Dr. Reeve has drilled into the mastoid in 20 or 30 cases, without any mortality; thinks many cases of ear disease are due to use of nasal douche.

Dr. Goodwillie—Nasal douche should never be used by patient alone.

Dr. Powell asked—In what cases and in what strength is boracic acid used in eye disease? *Ans.*—In purulent cases.

The Dinner.

On the evening of the first day the Association was handsomely entertained at dinner at the Russell House by the members of the profession of Ottawa and the Ottawa Valley. Dr. Hill presided, and was ably supported by Dr. Robillard (Ottawa) and Dr. Cranston as Vice-Chairs. After the loyal toasts and that of the "Army and Navy" had been duly honored, the Chairman gave "The Canada Medical Association and its President."

The Chairman said that when he was appointed to his present position it gave him most sincere pleasure and a large amount of pride. He was very proud to be present at the meeting of to-day, and still more at the gathering of to-night. The Association continued to increase in numbers from meeting to meeting, and as it increased in numbers it increased in interest. He had been much gratified at listening to the very valuable papers which had been presented. He was particularly pleased with the amount of youthful talent which was coming forward. Associated with this toast he was requested to give the health of their worthy President.

Dr. Howard, in rising to respond, was received with loud applause. He expressed his regret that his address of the afternoon was to be *encored* in this way, as he had but little more to say. A few years ago the friends of the Association felt with himself that its future was not at all certain. There was a time when the interest began to flag, but he was happy to say that that time was past, and for the last three years there had been a

great revival. It was a matter for congratulation to see so many young men taking an interest in their Association, and they could feel that the future of the Association was guaranteed. Another pleasing feature was that their old officers had not ceased to attend the meetings, and he had the pleasure of seeing present that evening no less than six of their past Presidents. The very fact that they were descendants from the English and French nationalities devolved upon them the duty of maintaining the dignity of their ancestry. The eyes of their ancestors were upon them in a sense, and they must show that they could establish a medical association worthy of the races from which they sprung. Friendly rivalry with their brethren in the United States must also compel them to do their best to maintain the dignity of the Canadian medical men. From a national standpoint, they were bound to maintain the institution. He thanked the company cordially for having drunk so cordially the health of the Medical Association. He knew they could not fail to do so, because they were mostly members of it. He had also to thank them for associating his name with the toast, and for having placed him in his present position. Before sitting down it was his agreeable duty to propose the toast of "The Ontario and Quebec Medical Councils." He would not speak of the Quebec Medical Council, but he had great pleasure in bearing testimony to the good work done by the Ontario Medical Council. As a Lower Canadian, he wished the Ontario Council God-speed. There was but one sentiment among them (the Lower Canadians) as to the manner in which the Examining Board of the Ontario Medical Council discharged its duties. He also made some explanations as to the work of the Quebec Medical Board.

Dr. Mostyn replied for Ontario, and in the course of his remarks thought it desirable a central examining board for the Dominion should be established. If this could not be done, central boards for each of the Provinces might be established, and candidates passing any of these boards made eligible to practice in any of the Provinces.

Dr. Rottot replied in French for Quebec.

The Chairman next gave "The Medical Profession." He

said this was *the* toast or one of *the* toasts of the evening. He was sure that they would all be happy to honor it. He had now been fifty years in the practice of his profession, and he had been the witness of many acts of sacrifice, of heroic devotion and religious faith, which every man must practice who desired to discharge his duties with credit to himself and to the profession. The physician's lot was not a happy one. (Laughter.) He was frequently one of the martyrs of modern society. He drank the cup of bitterness, and not infrequently drank it to the very dregs. Very frequently he succumbed in the active pursuits of those duties to which his profession called him. Occasionally, however, there were pleasurable incidents which made the position a more favorable one than he had endeavored to depict. He cited the names of a number of gentlemen who have become distinguished in medical research, and thought they would agree with him that the profession had not been at a standstill.

Dr. Grant, of Ottawa, was well received on rising to reply. He said that he arose with considerable diffidence to reply to this toast, as it appeared to him that he had almost to climb the hill of science after what had been said that evening relative to their profession. The Chairman had been able to give them fifty years' progress in medical science, and when they reached the same age (seventy years) as the Chairman they might rejoice at the possession of so much mental vigor. On no previous occasion had he seen greater signs of prosperity than on the present. They might almost call themselves Doctors' Commons, having met that day in the legislative buildings, and having had as visitors the Secretary of State and Minister of Inland Revenue, who desired to see how they conducted matters in the medical parliament. The self-sacrificing character of the work done by the members of the medical profession on the missionary field, on the field of battle, and in the fever-stricken districts of the South were depicted, after which reference was made to the commanding positions which they had been called upon to occupy. He encouraged the young men of the Association to build up a literature of their own, and spoke of the

progress made in this direction by the American Society. There had been more accomplished by indefatigable perseverance than by great genius. Among those who had been mentioned with honor in Great Britain he gave the name of Dr. Osler, their young pathologist. (Applause.) He did not wish to detain them by any lengthened observations, but he trusted that the remarks made by the President to-day with reference to sanitary matters would take deep root, and that their legislators would see the necessity of carrying out their wishes in this regard, so that they might find, not only the locality of the disease, but also the best means of staying it. He closed an eloquent speech by stating that the boat of science had been plied that evening not only by two oars, but by four oars, and had been impelled by their worthy chairman with the power of a steam engine. He felt consequently that there was nothing more for him to say, and he closed by thanking the company very cordially for the enthusiastic manner in which the toast had been received.

"Our Guests" was responded to by Dr. Brodie, of Detroit, for the American Medical Association, Dr. Hingston of Montreal, Dr. Botsford of St. John, and by Mayor Mackintosh.

"Our Sister Professions" brought replies from Mr. Lash and Mr. McLeod Stewart. The former, the Deputy Minister of Justice said that there were 2,370 practising lawyers in Canada, and it was a pretty serious task to respond for them. They could imagine what a weight of brain power the country labored under. There were 1,200 lawyers in Ontario, 600 in Quebec, 225 each in New Brunswick and Nova Scotia, 50 in Manitoba, 45 in Prince Edward Island, and 25 in British Columbia. The medical and legal were sister professions, because the members were both manifested by a common desire to do good, and not by monetary considerations. (Laughter.) Dr. Grant had asked if the doctors entered the hospitals for the love of money, and the answer was "No." Why did the lawyers enter the law courts? Was it for money? "No;" it was for love for their fellow-beings. (Renewed laughter.) They were both anxious to assist their poor distressed neighbors in their disputes and

troubles. Both were said to profit from the misfortunes of their neighbors—the lawyers from their disputes, and the doctors from their diseases. Every man to his taste. But he would sooner have a meal off a dispute than off a disease. (Cheers and laughter.) The two professions were also alike in that it took two of them to make one man, and that a highwayman. They said of the lawyer and the doctor, "Your money and your life." If the lawyers took the money, the poor wretches who took life knew where to go for their defence. They would all remember the old rhyme:

"Never marry a lawyer,
For he will plague your life,
And will take an action
Against his very wife."

The next verse proceeded:

"Never marry a doctor,
For money is all his cry;
If you're rich he will cure you,
And if you're poor you may die."

(Laughter.) He mentioned that there were 51 lawyers in the House of Commons, and of the 50 members of the Dominion and Provincial Governments, 25 were lawyers. They need never fear that they would ever want for lawyers to go to for advice.

Mr. McLeod Stewart, in a happy speech, also replied for the legal profession, and in so doing referred to the prominent positions which medical men had attained in Canada, mentioning the present Speaker of the House of Commons, the Lieutenant-Governor of Quebec, the Minister of Railways and Canals, the best Mayor Montreal had ever held (Dr. Hingston), etc. There were three professions—those who took charge of the souls, those who took charge of the bodies, and those who took charge of the estates. He thought the latter class had the best of it in this world at least. The first class had to look for their pay in the hereafter, the doctors had to charge it in their little books, but the legal men stuck to the money as it passed through their hands. (Laughter.) He expressed the hope that the time would come when they would have a Surgeon-General for Canada and a Central Board of Health, as he believed that sanitary

science was of the utmost importance. He would advise the medical men to make Ottawa their headquarters, to stay there a fortnight, to make the Government come to time, and he was sure that it would give them almost anything to get rid of them. (Laughter.) He returned most hearty thanks for the kind invitation extended to him to be present that evening.

"Our Educational Institutions" was responded to by Drs. Ross, Clarke and Sullivan.

"The Press," "The Ladies" and several volunteer toasts followed, and a very successful entertainment was broken up at about 2 a.m.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Abdominal Surgery.—Prof. Von Nussbaum is well known as a bold and fearless operator. He has already introduced many new operations—among others, nerve stretching and rectotomy—which our forefathers would hear of with something akin to incredulity. Now we find him attempting to remove the pylorus for what was diagnosed as cancer. On cutting down on it, the pylorus, however, proved to be healthy, and the tumor or induration was found to affect the liver. Nothing daunted by the mistake, Nussbaum, who was conducting his operation under the strictest antiseptic precautions, decided to incise the organ and put in a drainage-tube, in the hope that irritative softening might ensue, and so lead to its absorption. It was in an address before the Munich District Medical Society that he referred to this subject and to peritoneal surgery in general. In a manner all his own the celebrated operator contrasted the results of peritoneal wounds under the present methods of treatment with those which were formerly obtained under the older methods.

He says (*Aertzliches Intelligenz-Blatt*, January, 1880), "When nowadays we read that the peritoneum may, fearlessly and with impunity, be punctured, incised, lacerated, bruised, or burnt, provided we keep off all infectious germs, one might be

inclined to think that our predecessors had lived under a gigantic error in regarding abdominal injuries as almost fatally dangerous, while in reality they have proved themselves to be quite unattended with danger, seeing that we now remove from the belly, tumors weighing fifty to sixty pounds, the patients scarcely feeling ill the while, and not experiencing either elevation of temperature or even a rise in the pulse-rate." Fortunately the facts are beyond dispute, and yet the older surgeons were nowise in error, for peritoneal wounds were dangerous, and in similar surroundings are so to-day. "The difference between the old times and the present simply consists in this: that we have learnt the sources of the danger. An enemy whose strength and position are known is easily overcome."

Among the principal dangers attending this kind of injury must be reckoned, he says, the great susceptibility to the influence of cold which the peritoneum is known to possess. "This enormous, constantly moist surface, when exposed, leads to such a rapid cooling of the blood, that immediately reflex paralytic conditions of the heart, and even death, are threatened." The second source of danger is the almost unlimited power of absorption which the peritoneum possesses; and thus, any exudation into it which may have undergone unhealthy metamorphosis is liable to bring about rapid and severe septic conditions. Thirdly, peristaltic action, by means of which any exudation that gets into the peritoneal cavity, an enormous surface, is stirred up and smeared over the whole of its contents. Fourthly, movements of respiration, the rise and fall of the diaphragm and small intestine aiding the absorption. Fifthly, peritoneal wounds are dangerous because of the little spaces which everywhere exist, into which secretions may find their way and lie hidden and decompose. And, finally, there is the danger of infection through the ill-smelling intestinal gases, which especially favour sepsis; and, he continues, even if the bowel itself be not injured, gases find their way in or out. Thus it is that the pus of all abscesses forming in the neighbourhood of the intestines smell of fecal gases; and not only gases, but after concussion and its consequent paralysis, owing to the phenomena which at-

tend it, an exosmosis of fluids may actually take place. On the whole, therefore, we see that there were good grounds for the dread which has hitherto always been felt of peritoneal injuries, whether accidental or applied by the surgeons for surgical purposes. Since, however, the causes of this great danger have come to be understood, and the means by which they may be overcome have been learnt, the indications for operation and prognosis afterwards have been greatly modified.

Professor Nussbaum then considers enterotomy and gastrotomy, and the cases in which these operations may be practised. In speaking of cases of internal strangulation, he said that "thousands now lie in their graves who have died from this distressing disease, while surgeons stood by as mere lookers-on, unable to help their patients." For although opium could relieve pain for a while, it generally failed to cure the obstruction. And as regards laparotomy, formerly the mortality was 70 per cent., that of Littré's operation 47 per cent., that of Amussat 30 per cent., while those who did recover were, on account of their infirmity, often very miserable and quite unfit to associate in society. Now in consequence of greater skill, and of the experience of past operations, the results are much more favorable. He thinks that a small opening, just large enough to let out fæces, is all that is required at first; for often, after tension of the distended intestines has been relieved, the twist will right itself; or if the obstruction be due to invagination, the gut will slough and come away. The opening is then allowed to close; but, if a cure cannot be effected, the opening should be enlarged, and a permanent artificial anus established.

As regards gastrotomy, he speaks most hopefully. Quoting some Vienna statistics of cancer, he mentioned that of 903 cases affecting the stomach, 542 occurred at the pylorus, and that of these about 60 per cent. offered favorable chances for operative interference. He pointed out that portions of the stomach and pieces of gut had been successfully removed in animals in many instances; and he believed that we were not only justified, but called upon, to operate when circumstances seemed to call for it. In support of this doctrine he relates the following case:—A

man, aged 56, was sent to him with what was believed to be a cancerous tumor of the pylorus, and which could be felt as a swelling of the size of an egg over the pyloric region It was accompanied by intense pain. An indurated cicatrix on the abdominal wall led to the discovery that he had been accidentally injured with a pistol, and it was then thought that the wad might have been lodged. After watching the case for a while, it was decided to cut down upon it, and explore, being ready for any eventuality. The lesion proved to be an "inflammatory exudative process" in the liver. It was not sufficiently circumscribed to be removed; and furthermore, it seemed not to be a deposit in, but rather a part of, the liver. Professor Nussbaum, under these circumstances, put in a drainage-tube, in the hope that absorption of the indurating material might be brought about. The pain almost ceased, and the induration lessened. The patient left the hospital very much better for his operation, but not quite cured. He wrote to his doctor after some time, asking to undergo a second operation, in the hope that he would thus get quite rid of his trouble.

Nussbaum thinks that with antiseptic precautions we shall be able to extend our peritoneal operations to an almost unlimited extent. He believes we may excise the pylorus, when cancerous, with confidence of success. If this should prove to be the case, we have indeed in antiseptics (so-called) a valuable addition to surgical science. But we trust that in this, as in other arts, discretion will be regarded as the better part of valor.—*Med. Times and Gazette.*

Pasteur's Theory of Vaccination.—Says a correspondent of *The Lancet:* "The last two meetings of the Academy of Medicine have been rendered interesting by communications from M. Pasteur. Recent experiments with the virus which gives rise to the cholera of fowls have led the eminent biologist to conclusions respecting the variola and vaccinia which are of the very highest importance. Vaccine matter, says M. Pasteur, is nothing else than attenuated or diluted variolous virus, and it is unnecessary that it should pass through interme-

diate organisms. The experiments tend to prove that a weak dose of specific virus gives rise to a mitigated form of disease, which, however, is protective against the occurrence of the disease in its ordinary evolution. Should these views be justified by future research, and should their application be extended to other diseases, a new light will be thrown on the pathology of zymotic affections, and their prophylaxis rendered a matter of certainty."

Medicinal Rashes.—Dr. Morrow (New York *Medical Journal)* has collected sixty cases of the quinine exanthem. Thirty-eight of these were of an erythematous character, twelve resembled urticaria; two cases had a vesicular rash, five a purpuric. Morrow believes that the source of the trouble lies in an impairment of function in some of the organs of excretion, throwing the work of eliminating the drug upon the cutaneous emunctories. Behrend suggests that the drug gives rise to certain chemical combinations, which, though ordinarily inoffensive to the tissues, may, in certain abnormal conditions of the skin, provoke eruptions. Dr. J. Behrend (Berlin *Klin. Woch.—Archiv. Dermatology*) says that drugs may cause extremely varied forms of eruption. Thus opium, belladonna, stramonium, turpentine, cubeb, copaiva, chloral hydrate, quinine, calomel, iodide of potassium, bromide of ammonium, have all been known to produce an eruption of an erythematous character, either diffused or occurring in isolated points, like the rash of scarlet fever. Papular erythema has been observed after arsenic, digitalis, quinine and chloral hydrate. Mercury, bromide of potassium, iodide of potassium and cubeb have caused eczematous eruptions. A bullous eruption has followed the administration of phosphoric acid, copaiva and iodide of potassium. An exanthem resembling zoster has followed the use of arsenic. Hæmorrhagic eruptions have been observed after quinine, chloral hydrate, iodide of potassium, and salicylic acid. Pustulate eruptions follow iodide and bromide of potassium. The most common form of eruption following the use of drugs is the erythematous. It often occurs in a discrete, punctate form, like the rash of scarlet

fever. Desquamation follows at the expiration of two weeks and in the form of large lamellæ. A peculiarity of drug eruptions is their tendency to diverge from the types of the corresponding forms.

Treatment of Prurigo by Pilocarpine.—From the observation of the fact that sufferers from prurigo feel relief when the secretion of the sudoriparous glands is active—as, for example, in summer—O. Simon (*Allgem. med. Centr. Zeitung*) has been led to try the preparations of pilocarpine, and of jaborandi itself, in this distressing condition. A very numerous series of trials have persuaded him of the beneficial action of this means of treatment. In adults he uses a subcutaneous injection of pilocarpine, or prescribes a syrup of jaborandi. The patients, soon after the administration of the medicine, are enveloped in blankets for two or three hours. In patients suffering from psoriasis the perspiration is very scanty, while in pruriginous patients it is very abundant. The effects of this mode of treatment were abatement of the accustomed sense of pruritus, softening of the skin, and diminished tendency to relapse. In general the case did not last longer than a fortnight, and in very severe cases three weeks.—*Dublin Journal of Med. Science*, April, 1880, from *Lo Sperimentale*, Gen. 1880.

The Ephelides of Pregnancy.—Newmann recommends (*Union Medicale*) for these an ointment of chrysophanic acid, one part, to lard, forty parts, well mixed. Gently anoint the part, previously washed with soap and water; then apply a piece of linen, to prevent staining. Repeat the application three or four times at two days' interval, being careful not to touch the eyelids and not to apply too strong an ointment on persons of delicate skin. The parts to which it is applied become red, then black; the skin desquamates, and the stain disappears. The same remedy may be used for pigmentary stains occurring independently of pregnancy.

CANADA

Medical and Surgical Journal.

MONTREAL, SEPTEMBER, 1880.

CANADA MEDICAL ASSOCIATION.

We owe no apology to our readers for having devoted such a large amount of space this month to the proceedings of our Dominion Association, knowing that they are all interested in having a report as full as possible of the important matters which engaged the attention of the meeting. First, we would congratulate our Ottawa friends upon having made such arrangements that ample facilities were afforded for the transaction of business, both that of the general meeting and of the sections. There was a large attendance, about one hundred members being present nearly the whole time. Subjects of much interest were not wanting. The principal of these were, first, the President's address, a thoughtful, suggestive account of the work done, doing, and to be done by the Canada Medical Association. It is quite worthy of its author, was listened to with marked attention and received with applause, and should be carefully read by every member of the profession in Canada. Next was the Report on Obstetrics and Gynecology, by Dr. Gardner. This was a very excellent *resumé* of the main improvements and important advances in these branches during the past twelve months. It was very practical and illustrated by the author's own experiences. The doctor was highly complimented upon his work, which provoked an animated discussion upon several points. Other reports of similar character on medicine and surgery would have been equally welcome. Dr. Osler's pathological exhibit of brain and cord disease was very successful, and was carefully examined by the members. Dr.

Grant's paper on the over-education of young children was opportune, and is well calculated to do much good. All the other papers promised were read in the sections, and some of them discussed. With two or three exceptions, nothing showing much original research was elicited.

In the Medical Section there would have been ample time for the discussion of all the papers, had not a mistake, fatal for that day at least, been made at the outset. One hour was occupied in reading a very lengthy translation from an Italian periodical. The Section rapidly thinned out—much discontent was expressed—and a damper was thrown upon all. Surely the time-limit should be enforced in the general interest of the meeting. Surely none but papers with—at the very least—some show of originality should be accepted for reading before the Association. The members want to hear condensed accounts of the actual experiences, or the actual observations, or the original thoughts, of other members, and they will not come to listen to a lengthy and minute account of a long case and a careful autopsy described by some foreign physician, but which, from simply being read, they cannot even intelligently follow. This was the worst feature of the present meeting, and we hope that it will be remembered for avoidance at the next.

The annual dinner was a most pleasant reunion, and reflects great credit upon the Committee of Arrangements at Ottawa.

LONGUE POINTE ASYLUM.

In our last number we drew attention to the entire absence of proper medical treatment of the insane inmates of the Longue Pointe Asylum. It is astonishing that such facts as those related should fail to excite some public feeling towards these unfortunates. Is there any other so-called civilized country in the world which would allow of the continuance, when known, of such glaring neglect of the plainest requirements of the age? It is but a short time since we published a note written by an American tourist, who remarked that, for an antiquarian seeking remnants of the Middle Ages, it was only necessary to cross the border, and enter the Province of Quebec, where would be

found hospitals built, arranged and managed by religious bodies after a strictly mediæval type. This true, but damaging, statement must now, it seems, be extended to some of our local insane asylums as well. The lunatics are farmed out to a body of nuns, their executive having full power with reference to arrangements of every conceivable kind throughout the establishment: they appoint a medical man, known to have no special knowledge of insanity, to perform all the important duties connected with the office of attending physician to 600 or 700 inmates. But what might be still more strongly objected to is that this physician's position being derived directly from the ladies, it is but natural that his actions should be governed by a desire to interfere in no way with their interests. This should not be. It is quite manifest that, as in all properly-conducted establishments of this kind, the medical head should be a perfectly independent agent, and should not be subject in any way to a private individual or corporate body having direct pecuniary interest in the patients under his care. His appointment should come from the Government, and he should be responsible to them alone for all his words and actions. As we are not aware that this matter has ever been properly before the public, and as the unsuitability of the present management may not have occurred to the proper authorities, we would earnestly call upon the Hon. Provincial Secretary to give this matter his attention, since it is quite certain that as the facts (and the evils resulting therefrom) become better known, so, great dissatisfaction is certain to be both felt and expressed.

Why is it that so little is generally known of the state of affairs in this Asylum? Why? Because there, as in all our other institutions governed by similar bodies, secresy is maintained as far and as rigidly as possible. Why has not the report of the Government visiting physician been published? Why have we not had his annual report of the year's doings, together with his remarks and suggestions? Every lunatic asylum in Ontario is reported upon annually by its medical superintendent, and the document is open to criticism by all. Then why should we not hear from Longue Pointe? Let us have light. Let us have

the report of Dr. Howard, and if it appears therefrom that he is quite satisfied with the present state of things, then we should not complain.

We cannot repeat too often, the contract system is bad—it ought never to have been adopted. As, unfortunately, it *has* been adopted, we suppose it is a bargain, and cannot therefore be broken; but yet we have a right to insist upon trying to make the best of a bad bargain.

HONEST ARGUMENT.—The *Daily Witness* of this city has been showing up the criminal proceedings of the physicians of the Montreal General Hospital! Their offence consists in having prescribed—in quantities according to their judgment—certain alcoholic stimulants to the patients. An endeavor is made to prove that such a proceeding is not only wasteful but highly reprehensible—that it actually results in killing a good many people. The sophistical reasoning employed shows how difficult it is for any one having a mental strabismus to see straight. The average mortality at the General Hospital for the past nine years has been 7½ per cent. The average mortality at the Hotel Dieu for the past twenty years has been 5½ per cent. In the former the wine and spirits bill is about $1000 annually; in the latter 19 gallons only—chiefly *vin ordinaire*—are annually consumed. Will it be believed that from these premises the *ergo* is drawn—the use of wine is the cause of the higher mortality? It is casually mentioned that "one cause of this difference is the fact that a large number of accidents are treated in the General Hospital, and from 25 to 40 of the deaths in that institution each year take place within three days after admission." Everyone acquainted with the facts knows that the severity of the cases, and the kind of cases admitted into the two hospitals differ very much. The one is largely a surgical hospital—it is the marine hospital of the port, and admits a great many formidable accidents from the shipping,—and the admissions into the medical wards are especially those of *acute* disease. The other, although constantly showing more patients, yet always numbers amongst them a far greater proportion of tri-

vial cases and the chronic ailments of elderly persons. We would ask any fair-minded man if it is possible, under these circumstances, to draw any conclusion from the general figures of the mortality as to the possible effect of one amongst many of the therapeutical agents made use of? Is it not quite plain that to employ any such argument it must of necessity be first shown that, in all other essential particulars, the two sets of cases exactly resemble each other? Strange to say, the paper alluded to heads the article immediately above that on the wine question, "Honest Argument." It is a pity that such good words at the top of the page should not have produced better results lower down.

LIGHT FOOD.—The editors of the *Canada Medical Record* have been (presumably at the seaside) relaxing the solemnity of medical reviewers' work by draughts of exhilarating literature. They have enjoyed it, and want their readers to share the pleasure. In place, therefore, of columns devoted to criticising what has been lately flowing from the ready pens of medical, surgical, or gynecological writers, we have a few sprightly words advising all to read "The Stranglers of Paris," a romance "as pure as it is fascinating." Next, "The fate of a coquette" is recommended to fill spare hours, its attractions being enhanced by a portrait of the great Sarah Bernhardt on the cover. The editors have also digested the following spicy dishes and commend the flavor strongly, believing them to be both tonic and stimulant:—"The Trials of Rassia," "One for Another," and "The Black Venus," the last of which we are informed is "destined to create a sensation of no ordinary kind."

MEMORIAL TO CLAUDE BERNARD.—We have been requested to publish the following letter, for which we would ask the consideration of all our readers:—

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL, MONTREAL.

NEW YORK, 41 West 20th Street, July 31st, 1880.

DEAR SIR,—Having been selected by the Paris Committee (Messrs. Ranvier and Dumontpallier) having charge of the subscription for a monument or memorial to the late Prof. Claude Bernard, to represent them in the

United States,—I beg leave to be allowed to use your columns for the purpose of appealing to the members of the medical profession, and all others interested, to subscribe to this worthy project.

I need hardly remind your readers of the great debt which every practising physician owes to the labors of the illustrious physiologist whose memory we are asked to honor in this way.

All inquiries and subscriptions, in the shape of bank checks or postal money orders, should be addressed to me.

Trusting that I shall have the advantage of your active personal support in this matter, I remain, yours very respectfully,

E. C. Seguin, M.D.

Obituary.

With great regret we have to record the sad intelligence of the death of Charles Herbert Murray, B.A., M.D.C.M., McGill, M.R.C.S., England, Surgeon to the 41st Bengal Native Infantry. He died at Peshawur, India, on the 10th July last, of typhoid fever. Dr. Murray was just 25 years of age, in the very bloom of early manhood, and had already won a name for himself, being a graduate in honors in two Faculties of McGill University. During an Arts course he took several prizes and the Logan Gold Medal in Natural Science. He chose the medical profession in which he also distinguished himself, carrying off the premiums at both examinations. He, moreover, took a high place at the competitive examinations for the Indian service both at London and Netley, thereby well upholding the honor of his *Alma Mater*, since the examinations for that service are particularly strict. Our lamented friend was the fourth son of the late Rev. Hugh Murray, A.M., T.C.D., Rector of Cootehill, Ireland. He came to this country in the year 1870, to reside with his uncle, Dr. Reddy. His kindly disposition and manly bearing had endeared him to many in this country, and we know that a large number of old classmates and other friends will think sadly and regretfully of the premature ending of a course which gave every promise of being a bright and useful one. To our esteemed *confrére*, Dr. Reddy, he was as a son, and we offer him our honest sympathy in what must have fallen upon him as a sudden and grievous family affliction.

Medical Items.

—Dr. Adam H. Wright has been appointed associate lecturer on Physiology in the Toronto School of Medicine.

PERSONAL.—On the 29th July, John B. Lawford, M.D., McGill University, was admitted Licentiate of the Royal College of Physicians, London.

PERSONAL.—Dr. Roddick has returned from his marriage-holiday at the seaside. This is the first occasion we have had to offer him, officially, our congratulations upon having joined the noble army of Benedicts.—Dr. Jas. C. Cameron, of this city, was married on the 2nd instant to Miss Lizzie Dakers. We wish them much health and happiness.

DEATH OF PROF. HEBRA.—This eminent dermatologist died at Vienna, after a short illness, on the 5th August. The loss of this noble and learned physician will be felt the world over.

SUITS FOR POST-MORTEM EXAMINATION.—Two suits, one in Gloucester, Eng., and the other in Cincinnati, U.S., have recently come before the local authorities, in which pecuniary claim was made upon a physician for having made a *post-mortem* examination upon the body of a deceased relative without permission. In either case, injured feelings was the only ground upon which damages were asked for. Both suits were dismissed, the Courts holding that no property right in the dead is injured by a *post-mortem* examination.

GUY'S HOSPITAL.—Dr. Habershon states that in Guy's Hospital the restoration of the sick and suffering has ceased to be made the first object of the place. As little is the hospital under its present *régime* fitted to be the important medical school it once was. It is the nurses who are now first considered. A system of nursing, with religious observances, is what the governors of the hospital are seeking to develop. Everything and everybody must give way to this. The medical staff is set aside as of no authority; the trained nurses whom the medical staff could trust have been driven away by scores. The patients are the sufferers, but the set-off is that the new nurses look better and go to prayers.

How to Cure a Cold.—One of our readers who has been troubled with a severe cold on the lungs, effected his recovery in the following simple manner. He boiled a little wormwood and horehound together, and drank freely of the tea before going to bed. The next day he took five pills, put one kind of plaister on his breast, another under his arms, and still another on his back. Under advice from an experienced old lady, he took all these off with an oyster knife in the afternoon, and slapped on a mustard poultice instead. Then he put some hot bricks to his feet and went to bed. Next morning, another old lady came in with a bottle of goose-oil, and gave him a dose of it on a quill, and an aunt arrived about the same time from Eccleshall, with a bundle of sweet fern, which she made into tea, and gave him every half-hour until noon, when he took a big dose of salts. After dinner, his wife, who had seen a fine old lady of great experience on doctoring in High-street, gave him two pills of her own make, about the size of a walnut and of similar shape, and two tablespoonfuls of home-made balsam to keep them down. Then he took a half-pint of hot rum, at the suggestion of an old sea-captain visiting in the next house, and steamed his legs with an alcohol bath. At this crisis two of the neighbours arrived, who saw at once that his blood was out of order, and gave him a half-gallon of spearmint tea and a big dose of castor-oil. Before going to bed, he took eight of a new kind of pills, wrapped about his neck a flannel soaked in hot vinegar and salt, and had feathers burnt on a shovel in his room. He is now thoroughly cured and full of gratitude. We advise our readers to cut this out and keep it where it can be readily found when danger threatens.—*Students' Journal.*

—The attention of our subscribers is directed to the advertisement of the "Private Home Hospital," (conducted under the management of Mr. Strong,) where all the comforts of a home may be obtained, with the extra advantages of skilled nursing. This establishment is situated close to the foot of the mountain, and commands a beautiful outlook. The terms, which are moderate, can be obtained on application to 213 Peel street.

CANADA

MEDICAL & SURGICAL JOURNAL

OCTOBER, 1880.

Original Communications.

THE PREVENTIVE TREATMENT OF HEMICRANIA BY CANNABIS INDICA.

By JAMES STEWART, M.D., Brucefield, Ont.

(*Read before the Canada Medical Association, at Ottawa, September.* 1880.)

During the last three years I have used Cannabis Indica in 15 cases of true Hemicrania, with the following results: In 3 cases a cure has resulted; in 6 cases, great relief, with a lengthening of the periods between the attacks; in 3 cases no appreciable effect followed; and in 2 cases the administration of this drug was decidedly injurious, the periodic attacks recurring with greater frequency and severity after its use. In one case half a grain daily was sufficient to bring about the full intoxicant effects, and the patient, a lady aged 35, was unable to continue it, even in the very moderate dose of a quarter-grain daily. The following is a brief history of the cases cured:—

Case I.—Mrs. R., aged 48. Still menstruating, but irregular; has been troubled with sick headache for 20 years. Formerly the periodic attacks returned about once a month, but for a period of six weeks their recurrence has been weekly. She does not vomit, but feels sick and dizzy as the attacks pass off. She was ordered ¼-grain doses of hemp twice a day, and during the following six weeks she had only one slight attack. The dose was then increased to half a grain twice a day, and continued at that rate for a further period of five months. It is now 18 months since she commenced the half-grain doses, and a

a year since she stopped taking it, and she has been free from her headaches since.

The second case was a typical hemicrania in a man 28 years of age, with a markedly *neurotic* family history. He has been troubled for 10 years, and during the last year the attacks recur about once a week, and are ushered in by giddiness and dimness of vision. He commenced taking the hemp in September, 1877, in half-grain doses three times a day, and continued it for a period of six months. He had only two attacks afterwards. It is now 18 months since he discontinued using the hemp, and during this time he has had no recurrence of his headaches.

The third case cured was in a married lady, aged 26, who was subject to unilateral periodic headaches for 10 years, recurring about every two weeks. She commenced with a grain of the hemp daily, and took it continuously in those doses for six months. She had only one attack after commencing treatment. Up to the present she has been free from her headaches for two years.

In the three cases just narrated, the patients have all been free from headache for a period of nearly two years in each case, and can therefore be called *cured*. In the first case, that of a lady 48 years of age, it might be considered that as hemicrania often disappears spontaneously at the menopause, the Indian hemp had very little to do with the cure : but she was free from her hemicrania some six months before the cessation of the catamenia.

In the six cases where great benefit was derived from the hemp in mitigating the severity and lengthening the intervals between the attacks, the drug in two of these cases has not as yet been taken for a sufficient length of time to decide whether these cases will be placed among the list of cures or those simply relieved. One of these cases is as follows :—

Mr. B., aged 54, says he has been subject to sick headache for four years. The pain starts suddenly in the region of the left supra-orbital foramen and extends upwards over the left parietal bone, and is attended by a subjective feeling of coldness and an objective feeling of heat. Palpitation of the heart sets

in as the headache reaches its acme. The attacks, which last from 6 to 12 hours, are ushered in by giddiness and dimness of vision. In February of the present year he commenced taking half-grain doses of Indian hemp three times a day, since which time he has had only one slight attack. Prior to the administration of this drug they recurred almost weekly.

Another case of this group is in a young lady, aged 18, who has had sick headache as long as she can remember. The attacks of headache, which come on about once every two weeks, are ushered in by blindness, giddiness, and trembling of the lips. She commenced taking a grain of hemp daily in April last, and up to the present has had no further trouble.

The treatment of the remaining four cases of this class has not been so satisfactory as the two just narrated. Still, in all of them the benefit derived from the hemp has been marked.

The third group of cases comprises three where no effect, beneficial or otherwise, followed the use of the hemp. In one case at least of the above, the drug was not taken with that regularity which is necessary to success.

The fourth group is made up of two cases that were both undoubtedly made worse by the continuous use of the hemp.

The first case of this series was in a man, aged 23, who has been subject to sick headache for several years, but only during the hot weather. During the paroxysms, which recur as often as twice a week, the head feels very hot, and he says the pain is of a beating character. He was ordered half-grain doses of hemp three times a day, which he took for only a week. He said that he was compelled to discontinue it owing to its making his headache worse, the attacks recurring oftener and being of increased severity. He was rapidly and effectually relieved by 15 m. doses Fluid Ext. of Ergot three times a day. This was a case of the angio-paralytic variety of hemicrania described by Mollendorf. The vessel-dilatation being in all probability induced by the depressing effects of the heat on the vaso-motor centres, and as further strengthening this view, I might mention that the paroxysms set in in the early morning, when the vital powers were at their lowest, resembling in this respect a certain class of cases of heat apoplexy.

The second case aggravated by the use of the hemp occurred in a woman, aged 35. She has had typical attacks of hemicrania ever since her marriage, ten years ago. Latterly the paroxysms have been of a severe type, and are attended by flushing of the face, ringing of the ears, &c. In this case I was fortunate enough to get an ophthalmoscopic examination of the fundus during one of her severest paroxysms. I found the vessels, both arteries and veins, on the affected side considerably dilated. The contrast in this respect between the two eyes was marked, the vessels on the sound side being apparently normal. She was ordered half-grain doses of Indian hemp twice daily, but she had to discontinue its use after a trial of three weeks, owing to its aggravating her trouble. She is taking ergot at present, but with what result I have not learned.

Dr. Richard Greene was the first, I believe, to recommend Cannabis Indica in hemicrania. Dr. Seguin has also testified to its beneficial action. It has not, however, been used by the profession to any extent in alleviating what is universally recognized as a distressing and obstinate malady. Practitioners, as a rule, content themselves with simply ameliorating the severity of the paroxysms. That Indian hemp is capable (when given in continuous doses for a length of time) of curing hemicrania in a certain percentage of cases seems undoubted. "The study of the action of a remedy shows the nature of disease." This aphorism we have from Hippocrates, and daily experience shows the wisdom of it. The study of the action of Indian hemp shows in what cases it is likely to be of benefit; and further, it tends to throw light on the pathology of hemicrania. Indian hemp produces dilatation of the blood-vessels; further, this dilatation seems to be confined to the vessels mediated by the cervical ganglia. It is the almost universal experience of those who have taken this drug in full doses that the first symptoms are, a sense of fullness and heaviness in the head. A very common feeling is that of the brain boiling over and lifting the cranial arch like the lid of a tea-kettle. The face is flushed, the arms are heavy and hot, the legs cold and lifeless, and pupils contracted. These symptoms show that the hemp does not induce its dilating effects on the arterioles through a paralyzing

effect on the general vaso-motor centre, but that its influence is exerted through the cervical ganglia and their cranial prolongations, or through the medullary centre in the dorsal cord. I have performed a number of experiments on rabbits with the object of watching what (if any) effects were produced by the hemp on the circulation in the ear and fundus of the eye. A dose of two grains was in seven experiments invariably followed by a perceptible dilatation of the vessels of the ear, and vessels previously invisible came into view. Temperature also increased. The vessels of the fundus of the eye also presented undoubted signs of enlargement. Ten grains proved fatal in a rabbit weighing 3 lbs., and on *post-mortem* there was found marked hyperæmia of the brain, but especially of the meninges.

Seeing that hemp is a vascular dilator, it would be indicated in those cases of hemicrania where there is arterial spasm, and it is in all probability only in this class of cases where we may expect benefit from its use. In the opposite class of cases, where there is dilatation of vessels—the neuro-paralytic variety of hemicrania—it would be unrational therapeutics to order its administration. I have given a report of two cases of this nature where its administration did harm. From the well-known contractile effects of ergot on the arterioles, we would expect it to do good in this—the neuro-paralytic variety of hemicrania. Strychnia also would be indicated in this class of cases, for experiment has demonstrated that it has a marked effect in stimulating the vaso-motor sub-centres of the cord, as well as the general vaso-motor centre in the medulla. In fact it was through the physiological action of strychnine that the existence of vaso-motor centres in the cord was demonstrated.

Besides the two forms of hemicrania where the vaso-motor nerves play so prominent a part, there is undoubtedly a third class that are unaccompanied by any vaso-motor change. Unfortunately we are not able in every case to say what form of hemicrania we have to deal with, and have, in consequence, to work for a time at least in an empirical manner. I think the following will be found to be a good working rule in the majority of cases, viz., the cases of hemicrania that are relieved during

the paroxysms by Nitrite of Amyl are likely to be greatly benefited, if not entirely cured, by the continuous use of Indian hemp. The drug should be given continuously for a period of at least six months, and in doses of a $\frac{1}{4}$ to $\frac{3}{4}$ of a grain three times a day.

From an analysis of the cases reported, I think the following conclusions are warranted :—(1) Indian Hemp will cure a certain per centage of cases of hemicrania. (2) It is only of benefit in the class of cases which have vascular spasm as the fundamental condition of their initial stage.

CASE OF SUPPURATIVE DISEASE OF THE ANTRUM OF HIGHMORE, WITH DISLOCATION OF CARTILAGINOUS SEPTUM, OF TWELVE YEARS STANDING.

By D. H. GOODWILLIE, M.D., of New York City.

(*Read before the Canada Medical Association, at Ottawa, September*, 1880.)

Dr. D. M., of Ontario, Canada, consulted me in November, 1879, and gave the following history : In 1865, had pain in his 2nd left superior molar tooth, and an unsuccessful attempt was made to have it extracted. This probably resulted in rupturing the vessels of the dental pulp, as the doctor says the tooth was started from its socket and then pushed back again. Some time after, from intense pain and swelling of the face, a second attempt was made to extract the tooth. This was not entirely successful, as a root was left in the jaw. From this time the discharge began, and continued until I saw him, more than 12 years after.

He presented the following conditions: 1st and 2nd molars gone from the left superior jaw. Above the alveolus, at the position of 2nd molar, was a fistulous opening, made by a trephine some years ago into the antrum ; in this opening he wore a hard rubber drain-tube, but as it was small in calibre, and too high up in order to drain the discharge from the antrum, it was of very little use. It also excited granulations in the cavity. A gelatinous polypus was found in the left nostril, growing from the middle turbinated bone. This hung by a pedicle over an opening made by necrosis of the inferior turbinated bone and

the nasal wall of the antrum. From the blowing of the left nostril by closing the right with the thumb, to free it from the constant discharge, the lower end of the cartilaginous septum was dislocated and turned into the left nostril, preventing respiration, except when forced. In the pharynx, a muco-purulent track was to be seen on the left of the vertebral ridge, caused by the discharge passing down from the posterior nares. This caused a good deal of expectoration. This trouble continuing for so long a time, had somewhat affected his general health.

On the doctor's first visit in November, 1879, I only removed the polypus, as it was necessary for him to return immediately home to meet some professional engagement.

In April, 1880, he returned, and under an anæsthetic, I made first an operation on the dislocated nasal septum. An incision being made through the soft parts down to the end of the cartilage, I denuded and pushed back the soft parts, then amputated the protruding cartilage of the septum. The soft parts being brought together and held by small silk sutures, this healed by first intention, and in a week's time it would be difficult to tell where the incision had been made. The next part of the operation was the trephining through the alveolar process at the position of the 1st molar, directly into the bottom of the antrum, by means of a large bone-cutting drill driven by the surgical engine. This opening gave exit to discharge pent up in the cavity of the antrum. The last part of this operation was the removal, by means of the revolving bone-cutters, of the necrosed turbinated bone and the naso-antrum wall, through the anterior nares. This made an opening from the nose into the antrum extending from the floor of the inferior meatus to the middle turbinated bone, and antero-posteriorly about an inch. Through these openings the antrum was freely washed out with thymolized water, and medication applied, which consisted in blowing into the antrum the Iodoform Camphor Co. powder by means of the insufflator. There were present at this operation Drs. Farnham, Carry, Warden and Bucklin of New York, Marvin of Brooklyn, and Braden of Michigan.

I pass round wax models showing the case before and

after the operation. The doctor also kindly presents himself for your examination. You will see that the respiration through the occluded nostril is quite free. The opening from the mouth into the antrum is now closing up. A permanent opening will remain in the naso-antrum wall, where the necrosis was removed. The purulent discharge has ceased, and he is in robust health.

THE DISCARDED PRACTICE OF VENESECTION.

By HAMNETT HILL, M.R.C.S.E., Ottawa.

(*Read before the Canada Medical Association, at Ottawa, September*, 1880.)

Gentlemen,—My forte is, and has always been, "Surgery," nevertheless, the paper that I shall have the pleasure of introducing to your notice this day appertains rather to the department of Medicine, and will consist of a few remarks on "The discarded practice of Venesection, or Blood-letting" in the treatment of many of those diseases of which, in days gone by, it was considered by eminent authorities to have been the "sheet anchor."

Now, if I were inclined to seek a motto or text as a heading to this paper, I should select "*Tempora mutantur, et nos mutamur in illis.*" Yes, times are indeed changed, and when I look back some fifty years or more, and draw on my memory as to the great number of instances where I have assisted in the subordinate capacity of "basin-holder," or occupied the more dignified position of principal in the operation of venesection, I cannot help acknowledging that apparently a wonderful change has taken place in the practice of medicine and in the opinions of the medical profession generally—in fact, that the profession almost pleads guilty to the charge of "erroneous treatment" of those diseases in which the abstraction of blood was the rule and not the exception. But, gentlemen, I deny this inference *in toto*, and the immediate object of my remarks will be to vindicate the profession from this charge entirely, and I hope to prove to your satisfaction that the change consists in the *type of the disease* and certainly not in the treatment, as is so frequently advanced by the outside world; in other words, if the type of disease were

as formerly (I speak of 40 or 50 years ago), of the "sthenic" character, such as almost universally prevailed, at all events, in the British Isles at that period, the lancet and its accessories would most assuredly come into vogue once again. But we know that the type of most diseases, even of the young and robust, is of the very opposite character to that I have but just alluded to, and that the Asthenic type has now become the prevalent characteristic, calling, of course, for the very opposite treatment from the first onset of the disease, in which the even cautious use of the lancet would be almost certain death.

Such very marked changes in types of disease must, of course, be of a very gradual nature; it is very unlikely that they should occur suddenly, and it is in consequence of this slow and almost imperceptible change that they remain for a long time almost unnoticed. Still, so far back as 1833, do I distinctly recollect, whilst prosecuting my professional education at the London Hospital Medical School, that Dr. Thos. Davies, the then lecturer on the practice of medicine, laid down almost as an axiom: "Gentlemen, you need not expect that diseases, particularly of a febrile or inflammatory character, will continue to run a uniform course; there *are types in diseases*, as in other things, and some of you may live to see important changes take place, necessitating important changes of treatment, although I may not." I recollect as distinctly as if I heard them but yesterday, these truly prophetic words of this very talented physician, who has left some very valuable contributions to medical literature. I am a living witness of the truth of his remarks, and am too happy thus to record my humble tribute of respect to the memory of so talented a physician. Thus the approach of change was discerned afar off, as distinctly as a storm is foreseen by the rising of the clouds in the distant horizon.

It would be a very desirable thing to ascertain when or at what period this remarkable change began to be apparent, but I have a kind of theory (and every one has a right to a theory) that about the time of the appearance of the epidemic or Asiatic Cholera in Europe, say about 1831, that a gradual change might have been observable in some particular localities, though so

slight as to have escaped the immediate notice of nosologists; in other words, my theory is that the poison of cholera was becoming ingrafted, as it were, on previous or co-existent diseases to a certain extent, and henceforward "Asthenic" diseases slowly, but surely, became and still continue the prevailing type, thus rendering the practice of venesection almost obsolete. This prevailing type may last for many years to come, until another cycle comes round, and the choleraic poison become worn out or effete, similarly as the potato disease or rot has disappeared from this very valuable tuber; and there may be gentlemen here present (I mean the young) who may live to see another type set in of a sthenic character, in the treatment of which diseases the lancet and depletion generally will be once again called into active requisition.

Dr. Watson, in 1843, ten years after the prophetic words of Dr. Davies, writes thus in reference to epidemic or Asiatic cholera: "We have had slight sprinklings of cholera in and about London since 1832." This remark shews the continuing existence of the choleraic poison or influence to that time, and would tend to assist my theory. In 1863, 20 years after Dr. Watson's reference to cholera, I happened to be in Edinburgh, and made the acquaintance of the late Professor Bennett, to whom I was relating the history of a relative of his whom I had attended with apoplexy. I remarked that I had taken a small quantity of blood from the arm. His instantaneous observation was, "We never bleed in this country; in fact, few practitioners own a lancet." I explained to him that such was the general practice in Canada, but that this was looked upon as an exceptional case, and that I had done it in deference to the opinion of another gentleman who had been called in consultation, rather than on my own own account, as I was not particularly in favor of it. However, as only about 4 ounces were taken, it was a matter of little moment; and as the patient recovered from the immediate effects of the attack, we will suppose the treatment was correct.

This little episode will prove that the practice of venesection had been thoroughly tabooed in Scotland for many years, though for how long a period antecedently does not appear.

Cullen, whose work on Nosology was a class-book in my time, although long since exploded, divided continued fevers into two great classes: "Synocha," or pure inflammatory fever—sthenic, mind you, where the lancet could be advantageously used,—and "Synochus," or fever of the low or typhoid type, such as we frequently meet with in gastric fever, of a well-marked asthenic type, in which the use of the lancet would be almost certain death.

Allow me to ask this question: How many in this numerous and intelligent assemblage have ever seen a case of "Synocha," or pure inflammatory fever? The answer is, probably, not one, with the exception of myself. And why is it? The answer is very obvious, and yet perfectly conclusive. The sthenic type has gone out—entirely out of fashion, if I may be allowed the expression—and has been succeeded by the asthenic type; the change, I am inclined to think, began to be observed some time after 1832, the period of the advent of the cholera into the greater part of Europe and the American continent, and which has very gradually, but surely, given the marked type of "Asthenism" to the diseases of to-day.

In 1833-34 cases of inflammatory fever, or what Cullen called "Synocha," were common in the eastern part of London, England, the locality in which is situated the London Hospital previously referred to. The disease was very much confined to the male sex, of ages varying from 20 to 50. The symptoms were of a violent type, commencing with a well-marked rigor, succeeded by great heat of skin—(the thermometer not being in use at the time of which I write, I am unable to give its indication with mathematical accuracy)—violent pain in head, principally in supra-orbital region, severe pain also in lumbar region and large joints, very quick and full pulse (120 to 130), injected conjunctivæ, heavily furred tongue, elongated in shape, reddened at sides and extreme apex, scanty urine, loaded with urates, perfect anorexia and constipated bowels, slight delirium at night, gradually increasing to actual violence day and night, so that patient could not be kept in bed without restraint. If these cases terminated unsuccessfully, after many days existence of most of

the before mentioned symptoms (say from 12 to 30 days perhaps), they would gradually assume the typhoid type, the violent delirium would change to the low muttering character, thence coma would supervene, petechiæ on the skin, sordes on the teeth and gums, the tongue would become dry and cracked, perfect insensibility, and finally death.

Now, gentlemen, I have endeavored to draw a very fair picture of a disease never seen in this year of grace 1880, though common enough some forty-five or fifty years ago, and which was invariably treated on the depleting and antiphlogistic plan, namely, by venesection, often to a large amount, or repeated at a short interval, varying, of course, with the age and vigor of the patient; and with this treatment, of which bleeding was a most important factor, a very large proportion convalesced,—hence the practice followed in those days must be acknowledged to have been satisfactory. These cases were admitted usually after the febrile symptoms were fully developed, having frequently received medical treatment at a dispensary for a day or so previously. If after admission the symptoms remained of a general character, and not urgent, the treatment continued was simple and expectant; but if any local complications arose, they were met accordingly,—the "sheet anchor" being invariably the adoption of blood-letting, a practice endorsed by all medical authorities, from Sydenham and Cullen downwards to Mason Good, Watson and others. In fact, nearly two hundred years ago Sydenham recommended the same practice, the advocacy of which I am supporting up to the time when the marked change began to be observable after the year 1833-34. He writes "that an emetic, followed by a gentle laxative, bland diet and repeated doses of antimony, with perfect rest and quietude, will produce a cure in slight cases of inflammatory fever; but in severe cases, it is necessary to open a vein and take away as much blood as will make an impression upon the disease, without even reference to quantity." He also adds "that some practitioners are often prevented from using the lancet because there is no fixed pain, but they may rest assured that in inflammatory fevers some external organ is suffering, although it may not exactly appear to

their inexperienced eyes." So much for the practice of venesection in the treatment of inflammatory fever up to forty years ago perhaps.

Now let us take another acute disease—Pneumonia, for instance—and turn to the authors quoted above. Sydenham refers in emphatic language to the efficiency of bleeding; also Cullen, Macintosh, Mason Good, Watson and others. Mason Good says "the bleeding should be prompt and copious, and, moreover, repeated twelve hours afterwards, if necessary.

I might enlarge on this subject *ad infinitum*, but I think enough has been advanced in favor of the practice of those days, and also enough to show that the type of disease has undergone a very radical change during the last 40 or 45 years, necessitating an entire change of treatment, and that it is actually the disease that has changed rather than the treatment. Of all remedial agents up to that time, general blood-letting was certainly the most powerful; yet its employment required at all times some consideration and judgment. If this remedy was neglected when its use was indicated, the disease was not unfrequently allowed to make dangerous progress; on the other hand, if it was resorted to inadvertently or inappropriately, a dangerous state of debility or exhaustion might be induced, hence the necessity for discrimination.

The diseases which appear to have required venesection were chiefly of the inflammatory type and some forms of fever. The lesions of the serous membranes or shut cavities, and of the substance of organs, necessitated it more commonly than inflammations of the mucous membranes; thus Arachnitis, Pleuritis, Peritonitis, Pneumonitis, Hepatitis, &c., required venesection far more than Bronchitis or Dysentery.

I am perfectly willing to allow that the practice of the abstraction of blood by venesection at the present period of the world's history has almost become obsolete in consequence of the changes I have alluded to, but yet there are forms of acute disease, in the treatment of which I think bleeding is yet wholly permissible, and has received, and still continues to receive, the sanction of many eminent practitioners and writers, such as

Locock, Ramsbotham and others. I allude particularly to the treatment of Puerperal Convulsions and of Iritis—a more frightful or formidable a disease than the former it is impossible to describe, the phenomena of which may occur either *ante-* or *post-partum*. In the former case, besides blood-letting, which some may call in question, there can hardly be two opinions as to the propriety of relieving the uterus of its contents as speedily as possible, either by turning or the early use of the forceps if practicable; should the convulsive symptoms supervene *post-partum*, and there should have been very much hæmorrhage, one would hardly counsel any further abstraction, because great loss of blood has been known to produce puerperal convulsions, consequently discrimination and prudence are very necessary in these cases. In the treatment of the latter class, the lancet, of course, must be laid aside entirely, and we must substitute stimuli, opiates and nourishment frequently administered between the convulsive attacks, if any favorable interval occur. Speaking practically on this subject, I might add that the few cases of puerperal convulsions that have come under my notice in private practice, for we never have had an obstetric institution in our city up to the present, have been invariably treated with the lancet, and with marked good effect, to which I have added the adoption of the "Humid Cautery" to the back of the neck and upper part of the spine. I accomplish this by means of a pair of woollen socks, rolled up as they generally come from the lavatories, dipped into boiling water and immediately applied to the parts named; by this means you produce instant vesication, and if counter irritation can do any good, here you have a most effectual and ready way of producing it, without the loss of time which must elapse in vesicating in the ordinary way. Whilst on this topic, I cannot help thinking that the hypodermic injection of Chloral Hydrate would be a most important auxiliary in the treatment of these cases, as it has been found to be in epileptiform diseases and in the eclampsia of children.

In conclusion, I think few will dispute the efficacy of venesection in Iritis; the practice is regarded with much favor with all the authorities with which I am acquainted. Samuel Cooper,

Beer, Lawrence, Mackenzie and Jones speak most highly of its employment, and I am not aware that any later authorities have condemned the practice.

And now, gentlemen, with these remarks I bring my humble efforts to a close, thanking you very much for the attention which you have given me. The old adage, "*Quot homines, tot sententiæ*," comes vividly before me; and as there are no doubt many opinions that coincide with the general tenor of my essay, and yet others who dissent therefrom, I trust that some friendly discussion on its merits will ensue. I neither defy, still less do I challenge, criticism; and any remarks will be received by me in the same kindly spirit in which I know they will be made.

OBSTETRICS OF THE HAMILTON CITY HOSPITAL FOR TWO YEARS.

By T. W. MILLS, M.A., M.D., late Resident Physician.

The total number of births during a period of 26 months past was 66. Summary of presentations: Head, 58; Breech, 4; Feet, 3; Face, 1.

There were two cases of twin births and three of premature births (abortions), and one monster. In the cases of double births, in each instance there was a footling presentation; but in one case the first-born was a head presentation, in the other a footling. Only one of the children continued to live.

Among the children *prematurely* born, one, apparently of only six months, lived about three days. There was one case of *Spina-Bifida;* the child lived a few days.

Of the *breech* cases, 3 were born alive; the fourth case was still-born, due to pressure on the cord—efforts at resuscitation were unavailing.

A tumor in the case of the *face* presentation, partly of the nature of a bruise, remained over the right cheek and brow for 8 to 10 days.

Of the footlings, two were born alive and one perished from retention of the head and pressure on the cord.

The monster belonged to the *Anencephalous* class; it showed no signs of life; the quantity of *Liquor Amnii* in this case

was immense, and the labor very prolonged; mother's health rather poor.

The short forceps was used in one case, and the long forceps in another case only. Turning and the use of anæsthetics were not called into requisition in any case.

COMPLICATIONS, ETC.

There were in all 7 cases of *post-partum hæmorrhage*. This occurred in *primiparæ* in 4 cases. Ergot was given before delivery in 4 out of the 7 cases; in the remainder, after delivery only. In most of the cases Ergot was given both prior and subsequent to the birth of the child. There were no cases of *ante-partum* hæmorrhage. One of the above cases was further complicated by albuminuria, and exhibited maniacal tendencies during labor. Almost all the cases of *post-partum* hæmorrhage could be traced to *inertia* of the uterus after expulsion of the placenta. The management of the third stage of labor in all cases has been in accordance with the directions laid down by Playfair.

The following conclusions are based upon the facts in connection with the 66 cases from the notes of which this abstract is drawn :—

I.—ERGOT OF RYE.

1. When the *os uteri* was fairly dilated, and labor pains had really commenced, the Fluid Ext. of Ergot of Rye has not failed to render the uterine contractions more frequent and more powerful. 2. When the stomach was irritable, especially if there was vomiting, Ergot had comparatively little effect, probably not being absorbed, or but imperfectly. 3. Ergot given after the expulsion of the child has frequently failed to produce uterine contractions. 4. If the contractions produced by Ergot were so frequent and vigorous as to be almost intermitting for a period of from 40 to 60 minutes, *post-partum* hæmorrhage from inertia of the uterus sometimes resulted. 5. There was one case of imprisoned placenta from extreme contraction of the uterus in which Ergot was given before delivery.

II.—RUPTURES OF THE PERINEUM.

1. There have been only two cases of rupture of the perineum,

reaching down to, or to one side of, the anus; no case extending through the rectum. 2. All the ruptures that have occurred in *multiparæ*, were of a trifling character, requiring no treatment. 3. The perineum has been ruptured as frequently by the passage of the shoulders as by the head, if not more so. 4. A rupture caused by the head has been deepened by the passage of the shoulders; much has depended on the management in this latter case. 5. Directing the patient to let out the breath and cease to bear down just as the head and shoulders were passing has been more effectual in saving the perineum than any form of support rendered by the accoucheur. 6. A case of rupture to one side of the anus, treated by binding the knees together and confining the bowels by opium, healed in 8 days. 7. Less serious lacerations have healed without any special treatment. 8. The speediest result has followed in cases of moderate rupture when a single suture or two of carbolized catgut of moderate strength was put through the perineum immediately after the placenta was expelled, and the knees of the patient kept together for a couple of days. In such cases the suture has come away and the rent been found healed in 3 to 5 days.

It is highly probable that in *primiparæ* a much larger number of ruptures of the perineum would be diagnosed if they were carefully looked for.

A history of the septic complications that have arisen in our ward, situated as it is, exposed to all the injurious effluvia, &c., of the entire hospital, would be interesting, but too lengthy for this paper.

REPORT ON OBSTETRICS.

By WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician University Dispensary for Diseases of Women, &c.

(*Read before the Canada Medical Association, at Ottawa, September*, 1880.)

In no department of medicine has there been so much activity within the last few years as in that of Gynecology. In this respect the last year differs in no wise from its predecessors. In all lands earnest, active, original workers have been busy, and

have given forth the results of their labors to the profession in the form of papers in journals, monographs, and systematic treatises on Midwifery and Diseases of Women. Amid the enormous quantity of reading matter thus given to the profession, while there is much that gives evidence of originality and value, there is, it is to be feared, also much inflicted on us which is comparatively worthless. Much is thus written by men of ample leisure, and therefore scant experience, the object being to bring reputation to the writers; while on the other hand we hear too little from the busy practical men, whose experience, if published, would be of great value to the profession.

There is much need, as was so ably asserted by Dr. T. G. Thomas in his presidential address before the last meeting of the American Gynecological Society, of careful, conscientious reviewing, and of fearless, independent and honest criticism on the part of our medical journalists. Much that is now written would be doomed to merited oblivion, and the wheat thus sifted from the chaff would be the better preserved. The necessity of this will be apparent when we reflect for a moment on the fact that hundreds of medical readers of journals throughout the country are wont to accept as gospel the dicta of the reviewers in guiding them to the choice of the books or papers they shall read.

As representing the committee of our Association appointed to report on the progress of Obstetrics and Gynecology, I would first remind you of the principal books and papers which have appeared within the year since we last met.

Playfair's Midwifery has reached a third American edition in the able editorial hands of Dr. R. P. Harris, of Philadelphia.

A third American edition of *Leishman's Midwifery*, edited by Dr. Parry, of Philadelphia, has also appeared.

Dr. Matthews Duncan, late of Edinburgh, but now of St. Bartholomew's Hospital Medical School, London, has published a volume of *Clinical Lectures on Obstetrical and Gynecological subjects*, strongly marked by the sturdy originality so characteristic of their author.

Professor Simpson, of Edinburgh, bids fair to maintain the great gynecological reputation of his late celebrated relative and

predecessor in the Chair of Midwifery and Diseases of Women and Children of that University. A volume recently issued by him, entitled *Contributions to Obstetrics and Gynecology*, contains many things that are interesting and instructive.

A new edition of the classical work of Dr. Charles West on Diseases of Women, edited by Dr. Matthews Duncan. This book, from the well-known character of its teaching, may have a salutary influence in checking the perhaps too strongly operative tendencies of modern gynecologists.

New editions of the valuable and original *Principles and Practice of Gynecology* of Dr. Emmet of New York, and *Lessons in Gynecology* of Dr. Goodell of Philadelphia, have been called for within a few months after the appearance of the first editions, thus testifying to the great reputation of their eminent authors.

A new edition of Mr. Lawson Tait's book on Diseases of Women has appeared as one of the monthly parts of Wood's Library of standard medical authors for 1879.

A new edition of Savage's Plates of the Anatomy of the Female Sexual Organs has appeared as one of the parts of the Wood's Library for the present year.

Certain of the parts of Billroth's most valuable Handbuch der Frauenkrankheiten.

Winckel's beautiful and instructive photographs of Pathological appearances of the Female Sexual Organs, continue to appear in parts at intervals.

The second edition of Gallard's *Leçons Cliniques sur les Maladies des Femmes*, a most valuable treatise.

A new English edition of *Martin's Atlas of Obstetrics and Gynecology*, edited and translated by Dr. Fancourt Barnes, of London.

The Obstetrical Societies of London, Edinburgh and New York have each issued their annual volumes of *Transactions*, containing much of interest and value.

The Gynecological Society of America have issued the fourth volume of their *Transactions;* as usual, a handsome volume so worthy in the beauty of its exterior of the sex to which it is devoted; somewhat smaller, it is true, than some of its predeces-

sors, but giving no less evidence of the valuable work which is being done by this young but most energetic Society. Among the articles and papers which it contains may be especially mentioned the able address of Dr. Thomas, the President; the papers on Intra-Uterine Medication by Drs. J. P. White and R. Battey, of which I shall have more to say hereafter; the papers on Puerperal Septicæmia, by Drs. Jenks and Chadwick; the paper on Prolapse of the Ovaries, by Dr. Paul F. Mundé, of New York, the most exhaustive and able article on the subject in the English language; Clinical Notes on the Elongations of the Cervix Uteri, by Dr. Goodell, of Philadelphia; a case of Extra-Uterine Pregnancy successfully treated by Electricity, by Dr. J. C. Reeve; a Contribution to the Pathology of the Cicatrices of Pregnancy, by Dr. S. C. Busey; the Justo-Minor Pelvis, by Prof. Lusk of New York; Mismanaged Labor the cause of much of the Gynecological Practice of the present day, by Dr. J. T. Johnson of Washington; and a number of others, amounting in all to twenty-two.

Obstetrical Diagnosis and Treatment by External Manipulation.—In the April number of the American *Quarterly Journal of Obstetrics* for the present year, Dr. Paul F. Mundé, of New York, concludes a series of most ably written and exhaustive articles on the above subject, which have for their object the description of a method which, although for many years taught in all German obstetrical clinics, is almost unknown, or at all events unpractised, by all but a few in our country or the United States. Some experience of this method during the last two years enables me to confirm most of what has been claimed for it, and to assert that by it, in the great majority of cases, we can diagnose the position of the child during the last month of pregnancy, and even during the early part of the first stage of labor, with greater certainty than by ordinary vaginal examination. Dr. Mundé's papers are the best on the subject in the English language. The recent work of Prof. Pinard, of Paris, is a most valuable contribution to the same subject.

Antiseptic Midwifery.—Professor Stadtfeldt, Director of the Copenhagen Lying-in Hospital, publishes in a recent number of

the *Centralblatt für Gynäcologie*, the later results of his systematic employment of antiseptics in obstetrics. In 1870, when this method was begun, the results as affecting the previously frightful mortality of the institution of which Prof. Stadtfeldt has charge were most encouraging. During the three terms of five years each preceding 1870 the mortality varied from 1 in 37 to 1 in 14, and in no previous period during the long existence of the hospital was it so low as this. During the first five years of antiseptic treatment the mortality was reduced to 1 in 87; during the last five years, 1875 to 1880, it was only 1 in 116 from puerperal fever. Prof. Stadtfeldt's methods are the following: systematic syringing of the vagina before labor, the use of carbolic steam spray during labor, and intra-uterine injections after labor. Prof. S. has seen no ill results from intra-uterine injections, although he has used them in hundreds of cases, especially where the hand or instruments had been introduced to the interior of the uterus, or where portions of membranes were retained. Prof. Stadtfeldt's statistics are not as yet, notwithstanding these favorable results, quite equal to the average of statistics of mortality of childbirth as calculated by Dr. M. Duncan, viz., 1 in 120 during first week of confinement. The mortality during eight years at the University Lying-in Hospital of Montreal was only 1 in 124½, as appears by the valuable report of Dr. McCallum, published in the twentieth volume of the London Obstetrical Transactions.

Basilysis.—In a paper read before the Edinburgh Obstetrical Society in the early part of the present year, Prof. Simpson proposed to revive a substitute for the ordinary operations of cranioclasm, or cephalotripsy, first proposed independently by Prof. Hubert of Louvain and M. Guyon of Paris, 15 years ago. The procedure in question has for its object the reduction of the base of the skull, undoubtedly the most important problem to be solved in every case of craniotomy. This was effected by a trephine of peculiar construction, which was made to receive portions of the sphenoid bone. Prof. Simpson reports a case in which he adopted this procedure, and delivered with the greatest ease a woman in whose case his assistant, Dr. Hart, had had very great

difficulty in delivering in a previous labor after the ordinary perforation. Prof. Simpson suggests a simpler form of instrument for breaking up the base of the skull by dilaceration, and proposes the term "Basilysis" as an appropriate generic name for operations whose object is to break up the base of the skull. The statistics of the operation, as performed by M. Guyon, are so much more favorable than those of ordinary cephalotripsy that they ought to command attention.

Early use of Forceps.—During the summer months of 1879 a most important discussion was held at the Obstetrical Society of London on the "Use of the Forceps and its alternatives in lingering labor." The subject was introduced in an able paper by Dr. Barnes of London, and the most eminent obstetricians of the United Kingdom took part in the discussion. The great majority advocated the earlier and more frequent use of the forceps under circumstances and in conditions of the parts in which the older obstetricians would not have dreamed of applying them. To speak more fully of this discussion does not belong here, as it occurred previous to our last meeting. At the last meeting of the American Gynecological Society, Dr. Isaac E. Taylor, of New York, read a paper in which he advocated the use of long, narrow-bladed forceps, 1½ by 16 inches, of his own invention, when there is delay early in the first stage of natural labor, with the object of keeping the head of the child down on the cervix during the pains, and so aiding the natural forces, when, with "large shoulders of the child, the head is moveable in the cavity covered by the cervix, in cases of large prematurely ossified heads, large-bodied children, short cord, or cord several times around the neck, danger to the child from active or ineffectual labor, contracted pelvis, child in long axis of the uterus (circular trismus), and convulsions." In such cases Dr. Taylor would not hesitate to apply his forceps with the view of shortening the first stage, even if the os were no larger than ⅞ inch in diameter. During the discussion which followed, it appeared that Dr. Taylor was alone in his advocacy of this practice, and that the Association was wisely unwilling that such a practice (however safe in the hands of an accomplished ac-

coucheur like Dr. Taylor) should go forth to the inexperienced endorsed and sanctioned by the many eminent names of its members.

Laparo-Elytrotomy.—The eighth of this brilliantly-conceived, beautifully scientific, and eminently conservative operation has been performed by Dr. Walter W. Gillette, of New York, since our last meeting. The child was dead and decomposed before the operation. The mother recovered. In 1820 Ritgen proposed and actually attempted an operation resembling Thomas's, but did not succeed, and was obliged to deliver by Cæsarean section. In 1823 Bandelocque the younger actually performed it unsuccessfully. In 1870 Dr. Thomas published his first case, with a communication on the subject. Of the seven other cases Dr. Thomas has performed 2, Dr. Skene of Brooklyn 3, Dr. Himes of Sheffield 1, and Dr. Edis of London 1. Four mothers have been saved, and six children born alive. The four cases fatal to the mother were considered hopeless before the operation was commenced. Dr. Gillette asks the question, Eliminating these four cases, as we properly should, can Cæsarean section make so favorable a showing? Does embryotomy, essentially sacrificial to the child, show an equal result, with its mortality of 33⅓ per cent, to the mother. In considering the question of Cæsarean section by the old method, we must at least remember that peritonitis, metritis, and incarceration of intestines in the uterine incision, are avoided by the new operation. In view of the recent successes of the Porro operation in Continental Europe, we are reduced to the question of this operation *versus* Laparo-Elytrotomy. Eight cases in ten years is slow progress as compared with fifty now known cases of the Porro operation in four years. Perhaps, as suggested by Dr. Harris of Philadelphia, the greater anatomical skill demanded in the Thomas operation will limit it to our larger cities, the centres of surgical experience and skill.

Porro Operation.—That modification of the old Cæsarean operation, whereby the uterus and ovaries are removed after the child has been extracted, was devised by the celebrated Dr. Blundell, of Guy's Hospttal, in 1828. Dr. B. had found by experiments on gravid rabbits that he saved a large proportion by

this operation, but lost nearly all his cases by the old operation. Dr. Blundell never performed the operation on the human female, though he did not lack opportunity. Dr. Horatio R. Storer, of Newport, R.I. (then of Boston), ten years ago, removed the uterus of a parturient woman three days in labor, child dead and putrid, in a case of tumor obstructing the passages. The woman died in 68 hours. On the 21st of May, 1876, Prof. Edoardo Porro of the University of Pavia, performed the operation for the first time in Continental Europe, where the old Cæsarean section had for 100 years been almost uniformly fatal. The woman recovered. Obviously the fact of recovery gavo an impetus to the new operation. The second, by Inzani of Parma, was fatal; the third case, by Prof. Hegar, of Freiburg, fatal; the fourth, by Prof. Previtali, Italy, fatal; the fifth, by Spaeth, Professor of Theory and Practice of Midwifery in the University of Vienna. It was the first of a series of cases that were operated on by the medical staff of the great General Hospital of Vienna. It was the first non-fatal case of Cæsarean operation in a hundred years, not only in the obstetric practice of the hospital, but in the whole obstetric practice of the city. In a series of papers published in the *American Journal of the Med. Sciences*, Dr. Robert P. Harris, of Philadelphia, has collected the records, as far as possible, of all the Porro operations that have been performed. These amount, so far as known, to the surprisingly large number of fifty in four years. The fiftieth operation was performed by by Dr. Isaac E. Taylor, of New York, on the 8th April of this present year, and ended in recovery from the operation, but death occurred 26 days afterwards from cardiac thrombosis, proceeding from phlegmasia dolens. The first of the series of fifty was, as has been stated, by Dr. Storer. The following is a list showing the countries where performed:

United States.....	2	operations.....	0 (1)	woman	recovered.
Italy	23	"	8	"	"
Austria	11	"	6	"	"
France.....	7	"	4	"	"
Germany	4	"	0	"	"
Belgium	2	"	1	"	"
Switzerland	1	"	1	"	"
Total	50	"	20 (21)	"	"

Contrast these twenty cures in fifty cases with Prof. Chiara's (of Milan) figures, which show that of 62 operations, old style, all died but 3,—1 woman saved out of 21; whereas from the Porro operation, the proportion saved is 1 to 2⅓, and this in Continental Europe, where deformities are so frequent. But if all the unfavorable cases, as shown by the records of 36 cases in the possession of Dr. Harris, be excluded, the recoveries amount to nearly 75 per cent. With reference to unfavorable conditions, previous ill-health and long labor had played most important parts in leading to fatal results. There were 37 children of the 36 patients—one case of twins; 33 were removed alive from 32 women. This large number of living children is due to the fact that in none of the cases had craniotomy been attempted. According to Dr. Harris' statistics, there occur in the United States annually an average of three Cæsarean sections. Of 112 cases of Cæsarean section in the United States, there were 48 recoveries, or 42 2-7 per cent, thus showing that the operation has been much more successful than in Europe. The advantages of the Porro operation over the classical Cæsarean section are, that a wound originally within the abdomen is treated virtually without the body, the cut-end of the cervix being brought out at the lower edge of the wound, where it can be treated to the best advantage, and, further, there is no gaping or bleeding uterine wound into which intestines may become incarcerated, no lochial discharge, no gaping uterine sinuses to absorb noxious matters and set up metritis and phlebitis, and no escape of fluids from the uterus to the abdominal cavity. The objection is that it unsexes the woman. This, in the cases where it is principally required, viz., pelvic deformity, cannot be considered an objection. So far as I know, no statistics of Cæsarean operations have been collected in our own Dominion; happily the necessity for such operations is exceedingly rare. When necessity for operative interference does arise, the question, it seems to me, will lie as between the Porro operation and Thomas's Laparo-Elytrotomy.

Puerperal Convulsions.—Dr. Clarke of Oswego, in an article in the *Am. Quar. Jour. of Obstet.* for July, 1880, on the treatment of Puerperal Convulsions by Morphia, advocates most strongly

the giving of much larger doses than have hitherto been considered safe. To use his own words—"A patient with puerperal convulsions, should have forthwith injected into her arm 1½ grains of morphia by weight,"—and asserts that he has repeatedly practised this treatment with great success, that it is devoid of danger, that there is a peculiar tolerance of morphia in this disease. According to Dr. Clarke, not only is morphia indicated in the developed disease, but also as a preventive when the well-known premonitory symtoms which threaten its appearance are present, such as head-ache, mental dullness, ataxia, affections of vision, &c. Then opium ought to be given in from quantities varying from 1 to 3 grains per diem.

Placenta Prævia.—Prof. Nunn, of the Savannah Medical College, proposes a new method of checking the hæmorrhage in Placenta Prævia. This consists in introducing a speculum into the vagina, and by means of a swab applying the solution of perchloride, or sub-sulphate of iron, directly to the bleeding point. This is to be repeated as often as may be necessary for subsequent bleeding from separation of successive portions of Placenta, but always directly to the bleeding point. Dr. Nunn reports a case in which he resorted to this practice with the best results. He believes that the styptic applied in this way diffuses itself beyond the site of application, as on examination of the placenta after delivery the patch of stain from the iron was much larger in extent than that to which it was applied. Dr. Nunn claims that this is a much more rational method of treatment than styptic vaginal tampons, or styptic vaginal ejections, which, by corrugating the vagina may retard labor.

Puerperal Malarial Fever.—In the *Amer. Quar. Journal of Obstetrics* for April of this present year appears a paper by Dr. Fordyce Barker, of New York, with the above title, based on 17 cases of a form of puerperal fever occurring in his own practice and in that of other medical men in New York and its vicinity with whom he saw them in consultation. In these cases the onset of the attack occurred at periods subsequent to delivery, varying from 24 hours to 21 days. The attacks were rather remittent

than intermittent in their characters, and sometimes distinguishable at the outset with some difficulty from other puerperal affections. The disease, sometimes preceded by malaise, for a day or two, sets in with chills more or less severe, with a very high temperature, often one or two degrees higher than is found in the beginning of other puerperal diseases, and is followed by greater prostration. The occurrence of a remarkable remission the day after such a violent explosion of such striking symptoms may induce the inexperienced medical attendant to flatter himself that the attack is ephemeral, and as Dr. Barker remarks, that his treatment has been wise and successful when his delusions are removed one, two or three days after by a return of the symptoms. The treatment is the same as that of malarial fevers occurring under other circumstances. Dr. Barker has found Warburg's Tincture, when tolerated, to be much more effective and speedy in controlling the disease than quinine in the largest doses. Dr. Barker suggests that most probably the disease has been met with by most practitioners in malarial regions.

Intra-Uterine Injections in Septicæmia.—Papers of great interest and value were read by Dr. Jenks, of Chicago, and Dr. Chadwick, of Boston, on this subject, at the Baltimore meeting last year of the American Gynecological Association, the paper of Dr. Jenks being especially exhaustive and valuable. Each gentleman recorded a number of cases treated by this method, showing conclusively the advantages of the practice. Dr. Jenks uses both carbolic acid and potass. permanganate; Dr. Chadwick, potass. permanganate only, which has advantages in that it is so readily soluble, that it is not irritant in solutions of moderate strength, and that by the color of the returning liquid we know when the disinfectant has no longer any work to do. In substance, Dr. Jenks' conclusion are as follows: 1. In view of the widespread relations of septicæmia to other causes of puerperal disease and death, it is pre-eminent, and must be prevented by all means in our power. 2. The objections to intra-uterine injections in the non-puerperal condition do not apply to their use in puerperal septicæmia. 3. That the deaths attributed to intra-uterine injections have, in the great majority of cases, occurred

when they were used for other purposes than washing out the uterus with antiseptic fluid. 4. In order that intra-uterine injections shall be safe, they must be used with the following precautions: (*a*) Free dilatation of cervix to secure return flow; (*b*) prevent access of air; (*c*) inject slowly, use no force; (*d*) use the fluid of the temperature of the body; (*e*) do not inject powerful astringents, as they may produce narrowing of the os and cervix, and thereby, from contraction of womb, favor escape into tubes or sinues. The physician must always administer them himself, and with every precaution. Intra-uterine injections ought always to be used in all cases where (*a*) there is premature cessation of the lochia, with constitutional disturbance; (*b*) purulent or fœtid uterine discharge; (*c*) if there be good reason to think that there is retention of fragments of placenta or membranes, or clots, &c. Intra-uterine injections should be used more generally than heretofore in the prophylaxis and treatment of puerperal disease, (*a*) because when carefully used they are not dangerous; (*b*) there are no modes of treatment so effectual in lowering the high temperature of septicæmia, or that accomplish better results in certain inflammatory conditions of the uterus peculiar to the puerperal state; (*c*) they are most useful in causing expulsion of clots, or fragments of placenta, &c., and aid in causing involution of the organ; (*d*) and have diminished, in a remarkable manner, the deaths which to all appearances were inevitable in septicæmia. During the discussion, Dr. Goodell said that he did not approve of intra-uterine injections to prevent septicæmia except in rare instances, because of the danger of conveyance of infection, seeing that they must be administered by the physician, whose fingers are thus soiled by infectious discharges; in the developed disease he thought them a reliable remedy. Dr. Howard, of Baltimore, uses in such cases intra-uterine injections and hydrobromate of quinine hypodermically; this salt of quinine does not lead to the formation of abscesses; uses Chamberlain's glass intra-uterine tube. Dr. Thomas believes firmly in their efficacy in septicæmia, if their use be early, thorough and cautious; had seen many cases in which they seemed to reduce the temperature from 107° to 101° and 102°,

and life saved; with the precautious laid down by Dr. Jenks, believes they are safe.

Post-Partum Hæmorrhage.—This common and most formidable accident of labor was the subject of a spirited discussion in the Obstetric section of the British Medical Association at the meeting at Cork, in 1879. The subject was introduced in a paper read by Dr. More Madden, of Dublin, in which he strongly recommended as preventive measures during labor when there was reason to expect hæmorrhage, rupture of membranes during the first stage; stimulating enemata of strong infusion of ergot, hypodermic injections of ergotine in the second stage; constant firm pressure on the fundus uteri from the time the child's head appears at the vulva until the completion of the third stage; complete avoidance of the least traction on the cord. In actual hæmorrhage would not trust to hot water injections; advocates the use of perchloride of iron by saturated sponge introduced into the uterus; thinks the method by injection dangerous. Spoke of the necessity for stimulants in collapse, brandy by mouth, hypodermically, or per rectum. Ether hypodermically. Thought he had saved a case in the last extremity by hypodermic ether; thought that its use would occasionally obviate the necessity for transfusion. Transfusion may be at any time necessary, but we still lack a method which gives better results than the ruder methods of Blundell and others 50 years ago. Dr. Walter, of Manchester, gave the results of treatment of eleven cases by injection of water at a temperature of from 110° to 120°. Concludes that it possesses advantages; it is ready to hand, cleanly, not disagreeable to the patient, but it cannot be relied on to produce permanent contraction. He recommended using the thermometer to test the temperature of the water, as Dr. Max Runge had by his experiments shown that a temperature of 100° to 104° Fah. was that which seemed to be most useful in producing permanent contraction. Dr. Norman Kerr, London, had found hot water 105° to 110° very valuable in arresting post-partum hæmorrhage. Dr. Dill recommended cold douche to abdomen. Dr. J. Thompson, of Leamington, advocated continuous flapping of the abdomen with a towel dipped in cold

water. Had found it very effectual in keeping up contraction, and it did not wet the patient and the bed as in the case of the cold douche. Dr. Cordes, of Geneva, spoke highly of hypodermic ether, and hypodermic ergotine. Said that syncope might be avoided by postural (positional) treatment, and Esmarch bandages to the limbs, so as to retain as much blood as possible in the large blood vessels near the heart. Dr. Atthill, Dublin, said that ergot was unreliable except to anticipate hæmorrhage. Cold was perhaps the most effectual agent if used in proper cases at the proper time, while the patient is warm and reaction likely to follow. When reaction ceased to take place the hot water at 100° came in usefully. Did not claim that it would always supersede the use of iron perchloride injections, but that it often would. Perchloride of iron was needed in some cases, he had used it several times, and saved lives by it, but had known one case in which its use was followed by instantaneous death: was not prepared to say from what cause, possibly air in the veins. Dr. Malins, of Birmingham, had used perchloride of iron by means of the sponge—thought was safer than by injection. Mr. Pollard, of Torquay, England, has had excellent results in a good many cases from large doses of turpentine.

Mr. Schäfer's Report to the Obstetrical Society on Transfusion.—Mr. Schäfer's first work was to ascertain, by microscopic examination, the effect on the blood of other fluids than the blood of an animal of the same species.

1. *A weak solution of common salt* (1oz. to the gallon of water).—This is innocuous to the white corpuscles, but renders the red corpuscles crenate, and prevents to some extent the formation of rouleaux.

2. *Cow's Milk.*—Fresh milk has no immediate ill effects on human blood-corpuscles, but if it is at all sour, it kills the white corpuscles. Even if fresh, if the preparation has been kept for some hours, the same effect takes place, and reaction is speedily produced from commencing fermentation.

3. *Blood or Serum of other Animals.*—The admixture with human blood of the blood of many animals, especially the common domestic animals, exerts a most deleterious action on the

red blood corpuscles. They become decolorized and swollen, and the coloring matter is discharged into the serum. The white corpuscles die, as shown by the cessation of the amœboid movements and distinct appearance of nuclei. The blood of the ox and sheep were found to have the most rapid action; that of the rabbit and guinea pig the least. This discharge of the coloring matter leads to bloody urine, ecchymoses, fibrillation and embolism.

Salt solution, although it has been shown to be innocuous, is nevertheless useless, as it is not so much deficiency of quantity from blood lost, but quality, diminution in the number of oxygen carriers, the red corpuscles. This accounts for the dyspnœa of these cases.

Effects of Milk Injection.—On rabbits, if not previously depleted, the injection into the vessels of even a very small quantity of ordinary fresh milk (not sour) had a most injurious effect. London milk almost invariably produced death in twenty-four hours. The red corpuscles were extensively destroyed, and bacteria were developed in large numbers. If the milk was boiled just previous to injection, the syringe scrupulously clean, and with precautions to exclude germs, milk could be injected in large quantities without ill effects. The same result occurred when the milk was allowed to spurt from the clean teat of the animal into a vessel superheated. In depleted animals, milk thus injected never produced any permanent good effects. For these reasons milk and other similar fluids must be rejected for transfusion, and we are reduced to the necessity of using the blood of some other animal of same species, or at least genus. In man, the blood to be transfused must aiways be human, and this may be either in the normal or defibrinated condition.

As to the best method, Mr. Schafer, after full consideration of all the methods that have been proposed, concludes that the simpler the form of apparatus the better; that the simplest and best form of apparatns is a short flexible tube, with glass canulas at each end, this tube being used to connect directly the vein of the giver to the vein of the receiver, or an artery of the giver to an artery of the patient; that the amount given is to be regulated

by the duration of flow. Ordinarily, 3 or 4 minutes is enough in the case of veins; from artery to artery, half a minute to one minute. As to the relative advantages of arterial and venous transfusion, the latter is much the easier operation; but in the case of a patient *in extremis* from loss of blood, centripital arterial transfusion may be expected to yield the best results—results which, as Mr. Schafer says, may be truly magical. "Even if the heart should have ceased to beat while the operation of inserting the tubes was being effected, I doubt if resuscitation might not result from the connection of the two arteries." Blundell proposed this many years ago. Failing the possibility of direct connection of a blood vessel of the donor with that of the receiver, which is always more difficult than mediate transfusion, Mr. Schafer says the latter method may yet be tried, but it is more dangerous to patient, by means of an elastic pump or syringe. In this case the arm of the giver and the interior both of basin and instrument ought to be washed with carbonate of soda solution in hot water. The blood ought to be injected quickly, without defibrination, and with every precaution to prevent coagulation. Injection towards the heart, as recommended by Blundell, ought to be preferred in very urgent cases. If the injection is into a vein, a funnel, with rubber-tube and spring-clip attached, and with the canula for the vein attached to the end of the tube, is as simple and effectual an apparatus as can be devised.

During the discussion which followed the reading of the report, the President, Dr. Playfair, said he had always used defibrinated blood with good results.

Dr. Braxton Hicks had used a mixture of saline solutions with blood to prevent coagulation. He had used phosphate of soda solution, one to three of blood, and, as in defibrinated blood, the whole preparation could be made in the next room, which was a great convenience. In the case of defibrinated blood, it must be very difficult to exclude minute clots from the circulation. Dr. Aveling believed immediate venous transfusion with his apparatus to be the best method, and considered the objections to his apparatus to be groundless. He wished to

call the attention of the Fellows to auto-transfusion. By raising the legs and hips of the patient to an angle of forty-five degrees, enough blood might be made to flow towards the heart to preserve life. This method ought always to be practised before transfusion is resorted to, especially as it conduced to arresting uterine hæmorrhage.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER CARE OF DR. OSLER.

CASE XI.—*Retro-Peritoneal Cancer.* (Reported by Mr. J. W. Ross.)

In children, the commonest forms of abdominal tumours are those which originate in the lymph glands along the aorta, in front of the spine, and those which grow from the kidney. In the majority of cases the diagnosis lies between these forms, both of which may attain large size, filling the entire abdomen, the tumours weighing many pounds. It is often difficult or impossible to distinguish between them, particularly when seen late, as in the case here reported; the kidney-tumour usually occupies one side more than the other, or there is a history of its having originated in one flank, and there are, as a rule, urinary changes.

Annie T., aged 11, was brought to the Hospital on April 3rd, 1880, by Dr. C. L. Cotton, of Cowansville, suffering with an abdominal tumour. History of phthisis on both sides; no members of the family have died of malignant growths.

Personal history.—Was always considered a healthy child. About May, 1879, the parents noticed that she was failing in health and losing flesh, but she did not complain of any special pain. It was not until January last that her abdomen was noticed to be enlarged and slightly pendulous; she also complained of pain in the sides and across the front of the belly. It was never very severe—enough to cause her to cry out or to feel sick, but came on worse at one time; could not say where the tumour began, but Dr. Stephens, under whose care she was in

the early part of the illness, says that it was centrally placed and distinctly lobulated, having three or four divisions.

Present condition.—Patient is moderately well developed, only slight wasting evident, but she says that she was quite stout; colour of face good. On inspection, abdomen is seen to be much enlarged, and the superficial veins are prominent. Enlargement is not quite symmetrical; on the left side there is slight bulging in hypochondriac region, while on the right side the greatest prominence is in the lower part of the flank. Measurement around abdomen 31¾ inches; both sides the same. On percussion, tympanitic note in both flanks; dulness over great part of belly, merging with that of the liver, but separable from that of the spleen. The colon could not be distinguished in front of the tumour. On palpation, the belly wall is firm, and beneath, over the greater part of its extent, can be felt coarse nodular masses, firm and elastic. The entire tumour, when grasped firmly between the hands, is slightly moveable, and gives the impression of being centrally placed. In the iliac region the fingers can be inserted beneath the mass. Nothing special observable in examination of the other organs. Urine was not examined, as she was taken away before passing any. Her appetite is very good. *Diagnosis*—Retro-Peritoneal Cancer.

On May 13th I had a letter from Dr. Cotton, giving an account of the autopsy. The peritoneum was pushed in front of the mass; a considerable quantity of blood-tinged serum in the belly. The transverse colon was closely imbedded in the tumour at its upper and anterior part. The mass closely adherent about the spine, and the hinder part of the belly was filled with it. All the lymphatic glands were enlarged, and there were secondary masses in the kidneys and liver. The tumour, on section, had the appearance of a "medullary cancer." The estimated weight was about 20 lbs. The portion of the tumour sent in by Dr. Cotton was made up chiefly of rounded cells about the size of colourless blood corpuscles, many of them in a state of fatty degeneration. There was very little stroma, and that principally about the blood-vessels.

Correspondence.

MONTREAL, September 30th, 1880.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

DEAR SIR,—Your issue of August contained a very clever letter anent the annual report of a certain hospital for diseases of women, which, I am sure, no one with any sense of the ridiculous could help appreciating. If I were a party to that valuable compilation, I should feel inclined to buy in all copies issued, and furnish a second edition revised and corrected.

Having said this much, I may perhaps be allowed to venture the assertion that "Scrutator," in his *rôle* of censor, has been rather hypercritical. There are very few reports of institutions that will bear minute criticism. Take for example the last medical report of the Montreal General Hospital. No one can say that it is not a fairly good account of the work done there during the year, but if "Scrutator" were to examine it I have no doubt he would soon point out that although, in the first part, a very brave attempt is made to employ the Latin language for the names of diseases, even into the manufacture of such fancy (and untranslatable) phrases as "Hypertrophia Labialis Uteri," "Abscess Varia," etc., the reporter has wisely refrained from grappling with a difficulty like "foreign body in thigh." His classical sensibilities having recovered from this first shock, "Scrutator" would doubtless be further electrified by the discovery that his favorite case (the genitive) had been cruelly tampered with, for lo! "Strictura Œsophagei," "Hæmorrhagia Meningei," "Fractura Coccygei," and (horresco referens) after correctly writing "Fract. Costarum et Radii et Uln,"—after safely running a very gauntlet of osteological genitives—the reportorial friend must needs spoil it all with "et humeris." "Scrutator" (and here I must confess I differ from him somewhat) deprecates the publication, in the list of diseases, of the number of females examined in an institution and found pregnant. It is a proposition where much may be said *pro* and *con*, and I do not pretend to argue it here; but will not "S." be astonished to learn that

the compiler of the M. G. H. report has had the assurance to commit, not the minor offence of Ingravadatio, or Graviditas, or Encyesis, but the unpardonable barbarism of reporting "Pregnancy"? There, too, is "Hymen imperforata" to be seen, but, *en passant*, it may be remarked that if *imperforata* is not the proper form of adjective with which to qualify *hymen*, it ought to be, for whoever heard of a masculine hymen? In the same way it may be urged that, after all, "Pregnancy" may have been simply one of the sequelæ of "Hymen imperforata," after the latter had been dealt with in the M. G. H. As for "Resection of Tibia et Fibula for non-union"—that liquid bilingual phrase—"S" has already been heard on the subject of employing two languages in the same breath, and I shall not presume to enlarge upon it, but apply, for a moment, the *modus scrutatoris* to "Scrutator" himself. I am really surprised that the classical "S" should talk of a modern chapel of ease as connected with an ancient temple! Possibly "S" meant the *porticus*. True, it was rather *exposed*, in some instances, for gynecological work, but who would not forgive an error of convenience in the desire to avoid so palpable an anachronism? Who is "S" anyway? Is he an editor? Else why this sudden change of base from the first person singular to the first person plural? Can it be that his epistle is an example of the editorial *nos* unconsciously asserting itself in spite of the temporary assumption of the correspondent's *ego?*

Now I admit that the foregoing may be all very trivial, but is it more so than to take advantage of such evidently clerical errors as "breach" and "antiversion." Finally, permit me to affirm the principle that, in criticism, it is far better to be generous and general than to be microscopic and particularize. "S." may think otherwise, but, seriously, would it not have been more in the spirit of our modern philosophy if he had resisted the temptation of picking to pieces a wretched report, and had protested against the reckless manner in which not only the orthography and syntax, but also the orthoepy of the dead languages, are daily violated by the members of our profession? There is, unfortunately, plenty of room for a communication on such a subject, and if "S." will write it, he will not have a more attentive reader than his unknown admirer,

S. MINOR.

Reviews and Notices of Books.

The Practitioner's Handbook of Treatment, or the Principles of Therapeutics.—By J. MILNER FOTHERGILL, M.D., M.R.C.P., London, Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park; Assistant Physician to the West London Hospital, &c. Second American from the second English edition, enlarged. Philadelphia: Henry C. Lea's Son & Co.

This useful book has reached a second edition, as we might have been sure it soon would, from the very practical and useful character it possesses. On the appearance of the first edition, it was with much pleasure and profit that we went over several of its chapters, and have found frequent occasion to refer to them since The general opinion of the work can be gathered from the following words from one of its early reviewers: "The perusal of a systematic treatise on the principles of therapeutics will enable the student, all the more thoroughly and with advantage to himself, to study the works of Sidney Ringer and H. C. Wood. Such a treatise gives him the broad lines upon which he must proceed in his therapeutic efforts; the basis upon which he can rear a superstructure that will embrace minutiæ, the importance of which may not be very comprehensible without such underlying basis. The practitioner can compare his own practice with the lines here laid down, and note the points of agreement." In this treatise the author states, "It is not essayed to give prominence to new remedies or new therapeutic measures, so much as to analyze and elucidate the *modus operandi* of the measures in common use. It is designed to furnish to the practitioner reasons for the faith that is in him; and is a work on medical tactics for the bedside rather than the examination table."

The additions in the present issue are the following: "When not to give Iron," "The functional disturbances of the Liver," "The means of acting on the Respiratory Nerve Centre," "The reflex consequences of Ovarian Irritation," and "Artificial Digestion."

A Treatise on Therapeutics, Illustrated.—By D. F. LINCOLN, M.D., from the French of A. Trousseau, Professor of Therapeutics in the Faculty of Medicine, of Paris, Physician to the Hotel Dieu, &c.; and H. PIDOUX, Member of the Academy of Medicine, Honorary Physician to the Hospitals, &c. Ninth edition, revised and enlarged with the assistance of CONSTANTINE PAUL, Professor Agrégé in the Faculty of Medicine of Paris, &c. Two volumes. New York: Wm. Wood and Co.

These two volumes form the latest addition to Wood's Library of Standard Medical Authors. In this work, medicines are classed under various heads, and their actions considered with reference to various conditions of disease. The divisions, as arranged, are as Re-constituents, Astringents, Alteratives, Irritants, Evacuants, Musculo-motor excitants or Excito-motors, and Narcotics. Trousseau was one of the eminent teachers who had a great respect for the instruments, *i.e.* the medicines, he made use of. He made a profound study of the *modus operandi* of various drugs, and when he prescribed one it was with the conviction that it would thereby produce a certain effect. No branch of medicine is of more importance to the practitioner, than that of therapeutics. We therefore commend to the notice of every one of them the present translation of one of the best books on the principles for treating disease which has ever been written. It forms one more to add to several good things which have already been presented to us in the "Library."

Contributions to Orthopædic Surgery, including observations on the Treatment of Chronic Inflammation of Hip, Knee and Ankle Joints, by a new and simple method of extension, the Phgsiological method, and Lectures on Club-foot.—By J. C. HUTCHISON, M.D., visiting surgeon to the Brooklyn (N.Y.) City Hospital, surgeon-in-chief to the Brooklyn Orthopædic Infirmary,&c. NewYork: G. P. Putnam's Sons.

The chief object of this little work is to put into more permanent form, and to extend the reading of, certain views of the author on joint treatment by extension. The paper in which this

matter was originally treated of appeared in the *American Journal of the Medical Sciences* for January, 1879. Dr. Hutchison condemns the principle on which nearly all the mechanical appliances variously recommended have been constructed. He believes that the objects to be sought for by the orthopædic surgeon are *extension* of the limb and at the same time *motion*. To obtain this, as, *e.g.*, in hip-joint disease, he causes the patient to wear on the sound leg an iron support beneath the sole of the boot of such a heighth that the toes of the lame leg never reach the ground. In this way, he contends, without other apparatus of any kind, sufficient extension is secured simply by the weight of the limb itself. He has found that by this device, and whilst the patients are allowed and encouraged to go about on crutches, pain is relieved, and any malposition of the limb is corrected. Another great advantage is, that during the whole time the immense advantages of out-door exercise can constantly be had. It is said to be applicable to "all forms of the disease, in all its stages, whether the first, second or third," with one exception, and that is, very early stages of acute cases, with marked synovitis and great pain on the slightest movement. A number of cases of *Morbus Coxarius* are detailed, and bear out thoroughly what is claimed for the method. Certainly, its simplicity must commend it to all surgeons, and if the author's observations are confirmed by others, it will do away entirely with the lengthy confinement in bed, the long splints and weights, or the Bauer's Breeches.

The lectures on club-foot comprise the author's personal experience in this interesting class of deformities, both in hospital and private practice. They include descriptions of the different varieties of Talipes, and the methods of treatment found most successful.

Transactions of the American Medical Association. Vol. XXX. Philadelphia: Printed for the Association.

A comparison between the official publications of the American and British Medical Associations is instructive, but by no means flattering to the former. Of course, it may be said, that

a weekly journal cannot be properly compared with an annual volume of transactions, but the British organ is in reality the transactions plus ever so much good reading matter. The one is a fresh, crisp, weekly issue, a power in the professional world, read by thousands; the other comes to hand after a prolonged gestation of 12 or 14 months, as a ponderous tome, full of valuable papers, it is true, but the value of which is much diminished by the unavoidable delay attending such publications and by the fact of the necessarily limited circulation. We sincerely hope that Dr. Sayre's Presidential address has, on this subject, rung the knell of the "Transactions," and that the volume in which it appears will be the last of the series, to be succeeded by a new series entitled "The American Medical Journal," being the organ of the American Medical Association, edited by ———, weekly. Wake up cousins! The present volume contains a varied assortment of articles; with the exception of two, all would have been better in the journals. Dr. H. F. Campbell's article on urinary calculus (100 pages), and Dr. Sayre's on "the superior value of the treatment of Pott's disease by suspension and Plaster of Paris bandages," (137 pages), have the character of monographs. Such essays are more suitable for "Transactions," and the Association does good work by enabling, in this way, authors to publish extensive observations, which would be too cumbersome for any Medical Journal. Of the same character is Dr. McLane Hamilton's prize Essay on "A consideration of certain forms of Primary and Local Secondary Degeneration of the Lateral Column of the Spinal Cord"—a very able contribution to this vexed question. In a paper, "Notes on the American Medical Association and the State Medical Societies," some interesting facts are given about the organization and extent of these societies in the different States. The general appearance of this volume is in keeping with preceding ones.

Books and Pamphlets Received.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vols. I. and II. Berlinski, Washington, Government Printing Office.

The Art of Prolonging Life. By Christopher W. Hufeland. Edited by Erasmus Wilson, M.D. From the last London edition. Philadelphia: Lindsay & Blakiston.

A Treatise on Common Forms of Functional Nervous Diseases. By L. Putzel, M.D. New York: Wm. Wood & Co.

A Practical Treatise on Tumors of the Mammary Gland, embracing their Histology, Pathology, Diagnosis and Treatment. By Samuel W. Gross, A.M., M.D. New York: D. Appleton & Co.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Relations of Micro-Organisms to Disease.—At the recent Cambridge meeting of the British Medical Association, this question was discussed in the Pathological section. Prof. Lister made the opening remarks, from which we take the following, as containing some of the most important statements in his address:—

"It is well known that the bacillus anthracis is morphological with an organism frequently met with in infusion of hay, which may be termed hay-bacillus. Such being the case, it occurred to Dr. Buchner that they might be merely one and the same organism modified by circumstances. For my own part, I am quite prepared to hear of such modifying influence being exerted upon bacteria, having made the observation several years ago that, when the *bacterium lactis* had been cultivated for some time in unboiled urine, it proved but a feeble lactic ferment when introduced again into milk. Its power of producing the lactic fermentation had been impaired by residence in the new medium. In the case before us, indeed, the physiological difference between the two organisms seems, at first sight, so great, as to forbid the idea of anything other than a specific difference. The bacillus anthracis refuses to grow in hay-infusion in which the hay-bacillus thrives with the utmost luxuriance; and conversely, the hay-bacillus is utterly incapable of growing in the blood of a living animal, whether introduced in small or in large quantities. The hay-bacillus is remarkable for its power of resistance to high

temperatures, which is not the case with the bacillus anthracis. The latter is destroyed by a very slight acidity of the liquid of cultivation, or by any considerable degree of alkalinity, whereas the former survives under such conditions. Both will grow in diluted extract of meat, but their mode of growth differs greatly. The hay-bacillus multiplies rapidly, and forms a dry and wrinkled skin upon the surface, while the bacillus anthracis produces a delicate cloud at the bottom of the vessel, increasing slowly. Nothing daunted by these apparent essential differences, Dr. Buchner has labored with indomitable perseverance by means of experiments carried on in Professor Nageli's laboratory, to solve the double problem of changing the bacillus anthracis into hay-bacillus, and the converse. Having devised an ingenious apparatus by which a large reservoir of pure cultivating liquid was placed in communication with a cultivating vessel, so that any cultivation could be drawn off by simply turning a stop-cock, and further cultivating liquid supplied to the organisms remaining in the vessel by a mere inclination of the apparatus, Buchner proceeded to cultivate the isolated bacillus anthracis in extract of meat for several hundred successive generations. As an early result of these experiements, he found that the bacillus lost its power of producing disease in an animal inoculated with it. Up to this point he is confirmed by Dr. Greenfield, who has found that, when the bacillus anthracis is cultivated in aqueous humour, after about six generations it loses its infective property. Then as Buchner's experiments proceeded, the appearance of the growing organism was found to undergo gradual modification. Instead of the cloud at the bottom of the vessel, a scum began to make its appearance—at first greasy-looking and easily broken up—constituting, so far as appearances went, an intermediate form between the two organisms; and in course of time the scum became dryer and firmer, and at length the modified bacillus anthracis was found to be capable of growing in an acid hay infusion, and to present in every respect the characters of the hay-bacillus. The converse feat of changing the hay-bacillus into the bacillus anthracis proved very much more difficult. A

great number of ingenious devices were adopted by Buchner, who was, nevertheless, continually baffled, till at last he attained success in the following manner. Having obtained the blood of a healthy animal under antiseptic precautions, and defibrinated it also antiseptically, and having arranged his apparatus so that the pure defibrinated blood, which was to be the cultivating medium, should be kept in constant movement, so as to continually break up the scum, and also keep the red corpuscles in perpetual motion so as to convey oxygen to all parts of the liquid—in this way imitating, to a certain extent, the conditions of growth of the bacillus anthracis outside the animal body, within which the hay-bacillus could not be got by any means to develop — he proceeded to cultivate through numerous successive generations. A transitional form soon made its appearance; but the change advanced only to a limited degree, so that further progress by this method became hopeless. The modified form hitherto obtained failed entirely to grow when injected into the blood of an animal. On the contrary, it was in a short time completely eliminated from the system, just like the ordinary hay-bacillus. It had, however, been observed by Buchner that spores had never been formed by the bacillus growing in the defibrinated blood; and it occurred to him that, perhaps, if it were transferred to extract of meat, and induced to form spores there, the modified organism might yet grow in the blood of a living animal. The carrying out of this idea was crowned with success; and, both in the mouse and in the rabbit, Buchner succeeded by injecting various different quantities containing the organism in different animals. When large quantities were introduced, the animals died rapidly from the merely chemical toxic effects of the injected liquid; but, in some instances, after the period for these primary effects had passed, a fatal disease supervened —attended, as in anthrax, with great swelling of the spleen, the blood of which was found peopled as in that affection with newly formed bacilli; and the spleens affected in this way were found to communicate anthrax to healthy animals, just like those of animals which had died of ordinary splenic fever.

Supposing these results to be trustworthy, and the record of

them bears all the stamp of authenticity, I need scarcely point out to a meeting like the present their transcendant importance as bearing upon the origin of infective diseases, and their modifications as exhibited in epidemics.—*British Medical Journal*, Sept. 4, 1880.

Tumors of the Mammary Gland.—THEIR DIAGNOSIS.—Dr. S. W. Gross (*N. Y. Med. Jour.*, June, 1880,) gives as the result of his studies the following: (1) A uniformly hard, perfectly movable, nodular, slowly growing tumor, particularly if it be situated at the upper and outer part of the gland of impubic subjects and of married women toward the twenty-third year, and be free from ulceration, alterations in the skin, veins, nipple and lymphatic glands, is a solid fibroma, and the diagnosis is strengthened by the presence of several growths in one or both breasts. (2) A hard, lobulated, peripheral tumor, or one which, after having remained stationary or progressed slowly for several years, suddenly and rapidly acquires a large volume, assumes an unequal consistence, being firm at some points and soft or fluctuating at others, occurring toward the thirty-sixth year, unaccompanied by lymphatic involvements, but attended, possibly, with discoloration of the skin, deformity of the nipple and limited superficial adhesions, and it may be with dilatation of the veins, discharge from the nipple and ulceration and fungous protrusion, is a cystic fibroma. (3) A firm, rapidly growing, peripheral tumor, appearing in prolific married females at about the thirty-seventh year, with, possibly, discoloration and adhesion of the skin and ulceration, but without deformity of or discharge from the nipple or enlargement of the glands, is a solid sarcoma. A tumor possessing these attributes and occurring toward the thirty-second year is probably a firm spindle-celled sarcoma, while one developing at about the forty-second year is more apt to be a firm round-celled sarcoma. (4) A lobulated tumor, particularly if it involves the greater part of the mamma, of quick growth from the commencement or progressing rapidly after having increased comparatively slowly for some time, of large size, of varying or unequal consistence,

occurring towards the thirty-third year in prolific married subjects, and attended with discoloration of the skin, ulceration, enlargement of the veins and, possibly, with discharge from the nipple and limited adhesions, or it may be with deformity of the nipple and glandular enlargement, is a cystic sarcoma. A very rapidly progressing tumor, of soft, apparently fluctuating consistence with stretched skin and enlarged veins, appearing in young girls before puberty and in young married women, is a medullary sarcoma, which may be solid, or cystic, and is, as a rule, composed of small spindle cells. (5) A solitary, rapidly and continuously growing, although not very bulky, rather firm, or possibly soft tumor, occurring at about the forty-fifth year, with limited discoloration of the skin, but not fixed to the chest, and attended, possibly, with deformity of the nipple, superficial adhesions, ulceration, dilatation of the veins and enlargement of the axillary glands, is a solid myxoma. (6) Cystic myxoma possesses the same consistence and growing attributes as the former variety, but it develops at the forty-eighth year and is liable to be attended with discoloration, adhesion and ulceration of the skin. The veins nipple and glands, however, are normal. (7) A hard, heavy, nodular, solitary, very slowly and equably increasing tumor, especially if it develops in the immediate vicinity of the nipple of a married woman, toward the thirty-fifth year and is accompanied by the adhesion and discoloration of the skin and ulceration, and, possibly, by deformity of the nipple and enlargement of the glands, but is free from fixation to the chest and dilatation of the veins, and is preceded by a discharge from the nipple, is a cystic adenoma. A solid adenoma cannot be distinguished from a solid fibroma. (8) A densely hard, inelastic, irregular, solitary, slowly growing tumor, occurring in prolific married females towards the forty-eighth year, inseparably connected with the mamma, accompanied by induration and enlargement of the associated lymphatic glands, retraction of the nipple, infiltration of and, possibly, nodules in the skin, ulceration and fixation to the chest and it may be by a discharge from the nipple, is a scirrhous carcinoma; and the diagnosis is strengthened if there be a history of heredity, if the tumor was

preceded by psoriasis or eczema of the nipple, or if developed from an induration left by puerperal mastitis. (9) A soft, lobulated, voluminous, solitary and rapidly increasing tumor, occurring in the same class of women at about the fiftieth year, and attended with infection of the glands and skin, retraction of the nipple, fixation to the chest and, possibly, extension to the opposite breast, but without discharge from the nipple or marked tendency to prominence of the veins or ulceration, is a medullary or encephaloid carcinoma. (10) A hard, very slowly growing, small, solitary tumor, occurring towards the forty-fifth year, with adhesion to the skin and it may be nodules in that structure, prominence of the veins, retraction of the nipple and enlargement of the glands, and, possibly, with invasion of the opposite breast, fixation to the chest, ulceration and discharge from the nipple, is a colloid carcinoma. (11) A densely hard, irregular and knotty, contracting and small, solitary tumor, occurring at about the forty-seventh year, and attended with retraction of the nipple, infection of the glands and skin, and, possibly, distinct tubers in the latter structure, ulceration and immobility on the chest, is an atrophying scirrhous. (12) A slowly increasing, solitary, nodular or slightly lobulated tumor, occurring after the menopause, covered by thinned and discolored skin, fluctuating and, probably, discharging by the nipple, but without enlargement of the veins or glands and without fixation to the chest, is an involution cyst. (13) A solitary, smooth, firm and elastic or, possibly, fluctuating tumor, occurring in the vicinity of the nipple, of slow growth and unattended with alterations in the veins, nipple, skin or glands, if it inflames, is an evolution cyst. (14) A solitary, slowly growing, not bulky, fluctuating or semi-solid tumor, occurring near the nipple of lactating women, and unattended with changes in the coverings of the mamma or in the glands, is a lacteal cyst. (15) A slowly growing, small, smooth, round, firm and elastic or fluctuating tumor, occurring between the ages of twenty and thirty years, seated at the upper and outer border of the breast, and not near the mammilla, with a disposition to ulceaate, but without other changes in the skin, veins or glands, is an hydatid cyst.

Perfectly Bloodless Operation. — The "bloodless" method of operating, recommended some years ago by Esmarch, is opposed by many surgeons, on account of the general oozing which is apt to occur after removal of the elastic tube. Esmarch describes, in *Verhandl. d. Deutschen Geselsch. f. Chirurg*, for April, 1880, the latest practical modification of his mode of procedure, by means of which such oozing may be completely prevented. In amputations, the operation is performed in the usual way, by the bloodless method; all vessels requiring ligature are then carefully sought out and tied, and the wound at once closed with catgut sutures; drainage tubes, capable of being absorbed, are introduced, and Neuber's permanent compressing dressing applied. Then, and not till then, is the elastic tube removed from the limb. After the patient is placed in bed, he should keep the stump up in the vertical position for at least half an hour. (Neuber's permanent dressing consists of an antiseptic cushion, four-cornered, made of carbolized gauze filled equally and smoothly with carbolized jute; this cushion is applied directly to the wound, and is kept firmly in place by an elastic bandage which over-laps the dressing). Of twelve amputations (nine of the leg) performed and treated in this way, secondary hemorrhage occured in none; in most of them the first dressing was not removed for fourteen days, and on it was then found only a narrow, dry streak of blood, corresponding to the linear cicatrix. In resection the author advises that after all possible ends of vessels have been tied, the wound should be closed with the continuous glover's suture, and that the limb should then be made fast to a splint and kept elevated for at least half an hour. In fifty-six resections managed in this way since 1878, neither secondary hemorrhage nor death had occurred. Since Easter, 1879, the author had also, in his operations for diseased bone, given up the practice of plugging up the cavity from which the sequestrum had been removed; instead of this he now carefully disinfects the cavity, introduces absorbable drainage tubes, closes the wound in the skin at once, and applies the permanent dressing; the last step in the proceeding is, as before, the removal of the

elastic tube. Twelve cases were treated in this fashion, and in none of them did secondary hemorrhage occur; in all of them the wound remained aseptic, and in several instances complete primary union took place. Esmarch also states that he has frequently adopted, and with similar results, the same method in various other operations on the extremities, such as the removal of tumors from these parts; in the neighbourhood of the shoulder and hip joints, however, it is a matter of much greater difficulty to carry out the above directions, and so to obtain a perfectly bloodless operation.—*Phil. Med. and Surg. Reporter.*

Infantile Constipation.—At a clinical lecture held at the College of Physicians and Surgeons, New York, Prof. Jacobi called attention to a form of infantile constipation not mentioned in the books. In this affection the color of the fæces is about normal, but they are deficient in moisture. They are dry and somewhat friable. The passages of young babies are never normally like this. There is evidently here a lack of moisture which may possibly arise from an insufficient secretion on the part of the intestinal glands. It may, however, arise from other causes, one of which is a peculiar anatomical condition occasionally existing in the bowels of the new-born or young infants. A few anatomists have recognized that the intestinal tract is different in the young from what it is in the old. The colon is very much larger and longer, in proportion, in the child than in the adult, and this peculiar condition often remains up to the age of five or six years. The child may have two or even three sigmoid flexures, or the real sigmoid flexure may not be found on the left side, but on the right. In the passages of the young, where the peristaltic action of the bowel is normal and the colon of the usual proportion, the fæces will not be dried out; but where the flexure is long, or there are two or three of them, the fæces will dry out. In the fœtus and the new-born the secretions of the intestines are very copious. There is a great deal of mucus and epithelium, which may become very dry and compressed—to such an amount, indeed, as to constitute actual obstruction.

Dr. Jacobi stated that he has met with a number of cases in children, that could not be explained in any other way than by the supposition that there were two or three sigmoid flexures, one on top of the other, and impeding the free passage of the fæces. In the treatment of a case where such a state of things is suspected, the diet must be regulated so that there may be an abundance of water in the food. In the choice of food, oatmeal is to be given in preference to tapioca, rice, or even barley. Purgatives ought not to be given except in urgent cases. Injections are very useful, and cannot be dispensed with. Another cause of constipation like this may be that there is an insufficient physiological action of the muscular layer of the intestine. This may occur in feeble children. In another class of children this constipation does not appear until from six months to one year after birth, and then, from being perfectly regular, they become obstinately constipated. In this class the muscles of voluntary motion, as well as those of the intestine, become diminished in power; they are rachitic children.—*Med. and Surg. Reporter*, July 10, 1880.

A New Anti-Neuralgic: Menthol.—Archibald D. MacDonald, in a paper communicated to the Medico-Chirurgical Society of Edinburgh, by Dr. Taylor, Jan. 8, 1880, and published in the *Edinburgh Medical Journal*, August, 1880, urges the claims of menthol as a new antiseptic and anti-neuralgic agent. Menthol is the stearoptine of peppermint oil, is a crystalline solid derived from the oil of peppermint by long keeping, or by being cooled to a low temperature. The American oil yields it at 0°C. Its chief source is the Chinese and Japanese oil. It is imported as Japanese camphor, in small white crystals, which have the peppermint odor, and resemble the sulphate of magnesia. In liquid or solid state it has a specific gravity less than that of water. It is rendered liquid and volatile at a temperature one or two degrees below that of the body. Some specimens, however, volatilize at a much lower temperature. It is very sparingly soluble in cold water. It liquifies slowly in water at 82°F., quickly at 120°F., but remains mostly

as a separate layer. It dissolves freely in alcohol, in ether, in the fixed and volatile oils and in glycerine. The author publishes a series of experiments proving that this agent, which is the homologue of thymol, is an antiseptic of considerable power, but says that in Great Britain it will probably not come into general use as an antiseptic; but in India, China and Japan, or even in America, where the objections of small supply and high price cannot apply, its use is more to be maintained. One point is strongly urged in its favor, its volatilization at and a little below the temperature of the body, and its consequent adaptability for penetrating into every nook and cranny of wounds which are already putrefactive, slaying the bacteria, and rendering these wounds perfectly aseptic.

As an anti-neuralgic, the author believes the menthol to be of great value. One-tenth to one-sixth of a grain of menthol steadies the contractions of an excited heart, and slows them to a comfortable speed, and at the same time produces slight cerebral drowsiness. Half a grain of the crystals produced vomiting from gastric irritation. The author does not advocate its internal use unless well diluted. He deals with menthol as a local anæsthetic. The application of oil of turpentine in facial neuralgia by the Chinese, was practised at a very early date. It has also been locally applied for gout, the relief in both affections being almost instantaneous. A priori, the author concludes the oil cures in virtue of the menthol which it contains. Reference is made to seven cases. In the first case, tri-facial neuralgia, the affected tract was painted with a mixture of menthol, one grain; oil of clove, ten minims; rectified spirit, fifty minims. This was done four times in successive attacks. Entire relief followed in from four to six minutes. First a feeling of coldness, and then some irritation from the application was experienced. This case may be regarded as typical; menthol is particularly advocated as a temporizing remedy until constitutional treatment may take effect. It may prove to be more effective as an application than aconite, veratria or atropia. Its use in toothache was followed by immediate relief. In neuralgia it has been noticed to render the paroxysms

less frequent and less severe. In sciatica, the author painted the track of the sciatic, popliteal and tibial nerves to the ankle-joint with a ten per cent. solution, and this gave the patient immediate relief.—*Chicago Med. Review.*

Case of Basic Cavity of the Lung TREATED BY PARACENTESIS was reported to the Royal Medical and Chirurgical Society June 8th, by Dr R. Douglas Powell and Dr. R. W. Lyell. The case was that of a man aged forty-nine, of intemperate habits, who in December, 1878, had bronchitis, followed by pleuro-pneumonia and fetid expectoration. He improved after a time, but relapsed again in July. On admission there was consolidation of the lower lobe of the right lung, with excavation of its central portion, the cavity signs being centered about the level of the seventh dorsal spine in the line of the angle of the scapula. There was considerable hectic, with diarrhœa and anorexia. The breath and expectoration were extremely fetid, the latter being very abundant, amounting to a pint in twenty-four hours. The operation of paracentesis was performed September 11th.

A medium-sized aspiration-trocar was first thrust in at the eighth space mid-scapular line, and a free incision having been made through the tissues down to the intercostal membrane, the fine trocar was withdrawn and a full-sized hydrocele trocar inserted, which, after slightly enlarging the opening, was in its turn removed and a large drainage-tube introduced. Carbolized dressings were applied. A moderate quantity of secretion escaped from the wound (which gave rise to no serious bleeding), and the discharge subsequently from the tube, although free, was never abundant. The expectoration and cough, however, at once almost entirely ceased. The wound was dressed daily under the carbolic spray, with the view of disinfecting it and the cavity, and injections of Condy's solution were used. Patient died on October 31st, fifty days after the operation. . .

In their remarks upon the case the authors commented on the infrequency with which the base of the lung had been tapped, and pointed out that the immediate cessation of cough and

expectoration after operation in this case was a fact very encouraging to future interference with such cavities under more favorable circumstances, and also afforded a valuable hint respecting the importance of disinfecting lung-cavities. For it was clear from the small amount of the discharge, compared with the great previous quantity of expectoration, that the bulk of that expectoration had been yielded by the bronchi irritated by the acrid fluids and gases in their passage from the cavities. While advocating the puncture of chronic basic cavities in suitable cases, the authors deprecated interference with apex cavities, on the ground of its being rarely necessary or useful, and are averse, save in exceptional instances to making incisions into the acute basic abscesses of the lung. In the present case, however, the operation had undoubtedly been postponed too long, the patient having come under observation too late. The diagnosis of the case from empyema was touched upon, and the several steps of the operation discussed: the use of a large trocar in preference to the knife being advocated. In future cases, too, the authors would prefer to choose the center of the cavity rather than its lowest point for puncture, where it is situated in the posterior lobe of the lung.

Dr. Theodore Williams said that in every instance the nature of the case had to be considered. Thus the operation might be made useful in certain forms of bronchiectasis, but these could not easily be reached. The removal of the putrid fluid was all-important, as the other lung might be poisoned by the exhalations. In one case he tapped a limited empyema, thinking it a bronchiectasis. In most cases of phthisis the cavities, being in the upper part of the lung, drain themselves. He referred specially to a case where the president, Mr. Erichsen, had operated for him with very great advantage.

Mr. Erichsen said that in these cases the great thing was drainage, and that *antiseptics did little or no good.* The patient was really poisoned by his own secretions. He would make a free opening and get rid of the foul material. In the case referred to by Dr. Theodore Williams the whole house was infected, and the smell could be perceived to the very door,

yet when the collection of stuff was opened, the whole fetor rapidly disappeared. Care should always be exercised in the selection of a tube; they should be rigid, to obviate any risk of forming an acute angle. He had found a flat trocar with a vulcanite canula the best instrument to use, but if he had to do it again he would rather pass in a director, and then gradually tear with dressing-forceps than cut. Injection of fluid only seemed to irritate. In Dr. Williams' case an emphysema set in all over the body, and at each cough it could be seen to increase. This air, although intensely fetid, produced no bad effects on the body.

Treatment of Infantile Syphilis.—M. J. Simon, in a course of lectures upon the therapeutics of infancy, delivered at the Hospital for Sick Children in Paris, states that mercury is of real use in infantile syphilis. He advises that the following course of treatment should be rigorously carried out. The child must be rubbed morning and evening with Neopolitan ointment, the friction being made alternately in the axilla, groin, and popliteal space. Four times a day five drops of the Van Swieten's liquor should be administered in a little milk, the dose being increased if necessary to thirty or forty drops per diem. A wooden spoon or a porcelain cup should be employed to contain the liquor, since silver soon becomes covered with an amalgam which causes an alteration in the mercurial preparation. This treatment should be continued for some months, the quantity of mercury given being progressively raised and lowered. (*Le Progrès Médical*, July 3, 1880.)—*The Practitioner*.

Diagnosis of Cancer of the Stomach.—M. Leven pointed out, at a recent meeting of the Society of Biology, in Paris, the great difficulties which often present themselves in practice in making a differential diagnosis between cancer and simple dilatation of the stomach. In both cases there is vomiting, which is said to be uncontrollable; to stop this symptom, M. Leven recommends that solid food, to the amount of 150 grams, should be given to such patients only once a-day,

in order to avoid congestion of the mucous membrane. The rest of the food for the twenty-four hours should consist of a litre and a half of milk and eggs. If after eight days of this diet the sickness has ceased, it is certain there is no cancer of the stomach. (*Le Progrès Médical*, May 29, 1880.)—*Practitioner*.

High Temperature from Constipation.—A patient in the Massachusetts General Hospital, while convalescing from a mammary abscess, suddenly developed one morning a temperature of 104.5° F. The abscess was rapidly healing, and the temperature during the preceding eight days had not risen above 99° F. The patient, however, had not had a movement from the bowels for four days. An enema of soapsuds was given, and in less than an hour after this had operated, the temperature fell to 100° F., and continued normal afterward. The patient made no complaint, nor was there any phenomenon of any sort to account for the high temperature, unless the constipation would do so. No remedy was used except the enema. —*Boston Med. and Surg. Journal*, Aug. 12, 1880.

Treatment of Gonorrhœal Ophthalmia.—M. Dor, of Berne, remarks (*Lyon Médical*, March 7, 1880) that since Graham Brown published, in October, 1877, his *Researches on Diphtheria*, and came to the conclusion that benzoate of soda is a very powerful disinfectant, he has not hesitated to employ that salt in all cases of purulent ophthalmia in new-born children that have come under his care, as well as in a case of diphtheritic conjunctivitis. The benzoate of soda was, however, only employed as a disinfectant, tannin being also used as a curative agent. The following case of gonorrhœal ophthalmia was thus treated. A man, aged 20, suffering from gonorrhœa, was, when first seen by the author, suffering from purulent ophthalmia of both eyes, of four days' duration. M. Dor prescribed iced-water compresses, and a solution of benzoate of soda (1 in 20), and solutions of tannin (1 in 10, and 1 in 100) as eye lotions, to be used every ten minutes. The next day the eyes were less painful, and in five weeks were well, the cornea being intact.—*London Medical Record*, June 15, 1880.

Rötheln; Its Diagnosis —Dr. W. D. Hemming (*Edin. Med. Jour.*), as diagnostic points separating röthelm from measles and scarlatina, gives the following: (1) The temperature rarely rises above 101° to 102°. (2) The eruption generally appears at once all over the body. (3) Rötheln affords no protection against either measles or scarlatina, and *vice versa*. (4) Rötheln propagates itself and never gives rise to either measles or scarlatina. (5) The patches of eruption in rötheln are raised above the surrounding skin, especially towards the centre, where the color is deeper. (6) The desquamation is in fine branny scales and commences at the centre of an eruptive patch, gradually extending to the circumference. (7) The patches of eruption are larger and brighter in severe cases than in mild ones. (8) The tongue is more or less dirty at first, then becomes strawberry like, and finally smooth.

Tracheal Tubes Introduced by the Mouth.—Dr. Wm. MacEwan (*Brit. Med. Jour.*, July 31, 1880,) reports four cases in which he used tubes in this manner with great satisfaction. From them and a study of the writings of others, he concludes: (1) Tubes may be passed through the mouth into the trachea, not only in chronic, but also in acute affections, such as œdema glottidis. (2) They can be introdnced without placing under anæsthetic. (3) The respirations can be perfectly carried on through them. (4) Deglutition can be carried on during the time the tube is in the trachea. (5) Though the patient at first suffers from a painful sensation, yet this passes off and the parts soon become tolerant of the presence of the tube. (6) The patient can sleep with the tube *in situ*. (7) The tubes in these cases at least are harmless (8) The ultimate results are rapid, complete and satisfactory. (9) Such tubes may be introduced in operations on the face and mouth in order to prevent the blood from gaining access to the trachea, and for the purposes of administering the anæsthetic; and they answer this purpose admirably.

Apomorphia in Sunstroke.—Drs. Tomlinson and Murphy call attention to the value of the hydrochlorate of

apomorphia in the treatment of sunstroke. In three very severe cases the drug was administered as soon as possible after the admission of the patients to the hospital, 1-16 grain being sufficient to produce the desired emesis in two of the cases. The vomiting occurred in less than ten minutes after the injection; in no case was there any distressing nausea, but apparently an almost instantaneous evacuation of the contents of the stomach. The temperature was reduced, and the pupils became widely dilated, while sensation and movement returned within half an hour. The skin became slightly moist, and the patient regained consciousness by slow degrees. In each of the cases there was complete insensibility; eyes fixed, pupils contracted to the size of a pin's head, and insensible to light; pulse very full and rapid; breathing shallow, stertorous, and accompanied by moaning; temperature very high (109° in one case), and involuntary evacuation of the bowels.—*The Practitioner*, June, 1880.

Subcutaneous Injection of Ether in Sciatica.—Dr. Comegys recommends hypodermic injection of sulphuric ether for the treatment of sciatica (*L'Union Medicale*, August 5th). He cites two cases, one in detail, which he has cured by this plan. Three drops of ether are injected at intervals of twelve hours. The injection need not be a deep one; and, though it causes a momentary sharp pain, it does not bring on any consecutive unpleasant effects. Dr. Comegys is inclined to think that the same injection might be successful in the case of tic douloureux, for which Dr. Merino recommends hypodermic injection of ergotine.

Iodine in Typhoid Fever.—Prof. Roberts Bartholow recommends Tr. iodi. gtt. v., well diluted with water, in the treatment of typhoid fever. Under this—one of the German so-called specific plans of treatment—he says, "with proper diet and nursing, the mortality is much diminished." The same writer, for the diarrhœa of that disease, prefers the following: ℞ Liq. Potass. Arsenit. gtt. ii., Tr. Opii gtt. iv., repeated often as required.

CANADA

Medical and Surgical Journal.

MONTREAL, OCTOBER, 1880.

PROSECUTING QUACKS.

At the late triennial meeting of the profession of this Province, the principle charge laid at the door of the outgoing Board by those advocating a radical change in its *personnel* was, that they had done nothing to carry out the intentions of the Act with reference to the prosecution of quacks. There may have been some reason for this complaint, but, on the other hand, the late President explained some of the causes which had led to the inaction complained of, and it must be admitted that the obstacles in the way really did appear till now very difficult to overcome. Be that as it may, it is quite certain that the profession look, and we hope with confidence, to the present Board under its energetic president for better things. There is a provision in our existing law for the appointment of a prosecutor for the purpose of indicting any one who shall be found to have contravened the said law. At the first meeting of the new Board held at Quebec on the 29th inst., we read that such an official has actually been appointed and may be expected to enter at once upon his duties. He will not have far to seek in order to find quacks and irregulars, and it is to be hoped that he will not waste his energies at first upon the smaller fry, but will boldly attack those notorious individuals who, in the cities, with brazen-faced impudence, flaunt themselves before the public. Their names can readily be obtained and no doubt, on inquiry, ample evidence can be secured to convict them of being law-breakers. With the majority of these cases there ought to be no difficulty at all, for they are unregistered, and therefore, from that very fact alone, are de-

serving of the punishment inflicted for this misdemeanor by the law. Some cases, however, unfortunately, may not be so easily reached, but nevertheless deserve the attention of the public prosecutor. We refer to certain individuals who have, by some means, succeeded in having themselves placed upon the register of the Province and, since that time, have carried on nefarious, unprofessional and highly reprehensible practices. One case of the kind has recently excited considerable attention in this city, and we may mention some of the circumstances connected with it as an example of the class referred to. A man registers before the Ontario Board in 1875, without collegiate or other degrees whatsoever. He resides in a western city, advertising himself freely by circulars scattered throughout the country. Later on he appears before the Quebec Board and registers with the degrees of M.A., M.D., LL.D! By a very remarkable coincidence, the name of the person here referred to appears amongst those recently published as purchasers of bogus diplomas from the notorious Buchanan of Philadelphia. This person has been preying upon the community by resorting to the distribution of filthy handbills and circulars calculated to frighten youths into believing themselves the subject of spermatorrhœa, &c., and when a victim presents himself, the "Dr." secures all the ready cash available and sometimes takes a note for a further sum. Now, the Ontario Medical Act has a clause to the effect that, if registration have been secured by any fraudulent representation or device, then the Registrar, having laid the matter before the council, shall have power peremptorily to withdraw such registration. We find no such provision in the law of this Province, but we think it very advisable that, on the first opportunity, an amendment to the same effect should be introduced. There should be some means by which a name, placed upon the register by false representations, could be erased The above case in all probability does not stand alone, and there, at any rate, there is good reason for believing that a most unscrupulous person has been allowed to place upon the Register of this Province the highest academical degrees which had been manufactured to order at Buchanan's mill.

We do hope to see active steps taken at once to rid the country of the incubus of quackery and charlatanism with which we have been heavily weighted. The regular practitioners throughout the country are entitled to this protection, and the opening of a vigorous campaign against these insidious and disgraceful parasites will entitle the new Board to the respect and gratitude of the entire profession.

THE SMALL-POX HOSPITAL.

At last there has come a time in Montreal when small-pox has almost entirely died out, so much so that recently not a single patient has been in the Civic Hospital. We are to be congratulated on the fact, and there can be but little doubt that much of the credit of this improved state of affairs is due to the better method in which vaccination has been carried out, and, above all, to the very much better supply of lymph which has been at the command of the public vaccinators. But, though we must all hope that the City may continue to enjoy immunity from this horrid plague which too long has devastated it and taken away its good name, yet we would warn the Board of Health against entertaining a false sense of security. It is quite well known that the history of the disease here and elsewhere shows that considerable periods during which it was completely driven out, have been followed by others when it re-appeared with its former activity. The true means of preventing this, of course, is thorough vaccination. But, with our absence of birth-registrations and of compulsory vaccination, it is quite certain that, after a time, there must be again found a certain number of susceptible individuals, and therefore from any importation small-pox might again prevail. It is, therefore, a matter of absolute necessity for the City to have *constantly* some place ready for the reception of the earliest cases which might occur. These remarks are suggested from the fact that at recent meetings of the Board of Health it has been seriously mooted to do away with the present Civic Hospital—break up the establishment, and destroy the wooden building. When asked by a member what was to be done if the disease broke

out again, the answer was that an arrangement would be made with the Montreal General and other hospitals for the reception of such patients. Now, we thought that matter had been settled long ago. It took a long fight, a deal of talking, and, worse than all, the sacrifice of many lives before the City Fathers could be induced to provide an isolated place for these contagious cases. We protest most strenuously against any attempt to stultify us in the eyes of the whole community by re-committing an act of folly shown to have been followed by the most disastrous consequences. Economy is the only reason urged for shutting up the Civic Hospital. But this is not a case in which the saving of a few hundred dollars would be a wise, or indeed a justifiable, economy. We might just as well say, if a fire had not occurred for twelve months, let us sell the Babcocks and steamers. Because this kind of Hospital should answer the same purpose as the Babcock engine at the fire, for does it not furnish the means of isolating at once *the earliest* cases, and thus perhaps happily stamping out the disease before it has gained headway? We hope that the Aldermen will show themselves fully alive to the importance of this question, and will not listen to any proposition tending to endanger the future health and fair name of the city they represent.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC. —The semi-annual meeting of the College of Physicians and Surgeons, Province of Quebec, was held in Quebec on Wednesday, 29th ult. There were present the following governors: Drs. Howard, David, Craik, Rodger, Gibson, Robillard, Lanctot, Larue, Boivin, Lafontaine, Gervais, Austin, Perreault, Ladouceur, Rottot, Brosseau, Gingras, Lemieux, Simard, Rinfret, De St. George, Trudel, Worthington, Larue (Thos.), Parke, Laberge, Marsden, Belleau, Sewell, Rinfret (L. F.), Ross and Lachapelle.

The following gentlemen have successfully passed the matriculation examination and been admitted to the study of the profession:—John Elder, Starr, Carron, Valin, George Matte, Honore Gauthier, James Foy, Theophile Pare, G. Paradis, Alfred Richard, Devillers, Arthur David, Alfred Mousette, Arthur Delisle, O. Berthiaume, H. Leduc, Mignault, Napoleon Black-

burn, H. Brosseau, W. Fournier, Leblanc and Picard. Sixteen were rejected.

The following gentlemen duly received their license to practise: C. Mayrand, M.D., Laval; J. F. Fandry, M.D., Laval; P. S. W. A. Gauvreau, M.D., Laval; A. Paradis, M.D., Laval; W. A. Verge, M.D., Laval; G. Dedard, M.D., Laval; J. M. Beausoleil, M.D., Victoria; O. Clouthier, M.D., Laval; G. Prevost, M.D., Laval; G. Fournier, M.D., E. Laforge, M.D., Charles LaRocque, M.D., L. Mignault, M.D., and A. Meikle, M.D., Victoria. Donald A. Livingstone, who has been in practice for 35 years, received his license without examination, in accordance with the act of incorporation.

Mr. C. E. Lamirande, of Montreal, was appointed to take legal proceedings against charlatans and unlicensed practitioners throughout the Province of Quebec. It was also moved that this officer be intrusted to take legal proceedings against unregistered practitioners forthwith, and also that the registrar be instructed to place the names of those members twelve months in arrears for their annual contribution in the hands of the prosecuting officer. A new tariff for practitioners, both in town and country, was adopted, and will be shortly submitted to the Lieutenant-Governor in council for his sanction. The following examining committee was appointed for the next semi-annual meeting: Anatomy, Dr. Lemieux; Surgery, Dr. Hingston; Medical Jurisprudence, Dr. Gervais; Physiology, Dr. Lachapelle; Practice of Medicine, Dr. Austin; Materia Medica, Dr. Rousseau; Midwifery, Dr. Trudel; Botany and Hygienics, Dr. Lanctot; Chemistry, Dr. Rodger.

Opening of Schools.—At McGill University the introductory lecture was delivered by Prof. Osler, on the 2nd Oct. As this session is specially marked by the inauguration of the new Physiological Laboratory of the Faculty, the selection of the Professor of Institutes for the performance of this duty was specially appropriate. The address was given at 8 o'clock in the evening instead of in the morning as has been hitherto customary. A number of representatives from Bishop's, Laval and Victoria Universities were present together with the members of the

Faculties of Arts and Science of McGill, and other invited guests. A very large class of students, about 160, were present, although a number had not yet arrived. The speaker, who was heard with marked attention, dwelt chiefly upon the necessary connection between physiology and pathology and the great opportunities still lying before every earnest student for doing something to help in the elucidation of many of the vexed questions of the day. He congratulated the Faculty upon the possession of a magnificent laboratory now filled with all the apparatus necessary for the demonstration of the important facts of Physiology. At the conclusion, the dean invited the visitors to inspect the laboratory where also the new apparatus was to be seen. Refreshments were served in the library, and a very pleasant opening came to a conclusion.

—The opening address at the Laval University of this city was delivered on the evening of Tuesday, 5th inst. in the Cabinet de Lecture Paroissial, by the Rev. Mr. Beaudet. All the members of the the medical faculty were present as well as representatives from the Faculties of Theology and Law. Mr. Lacoste, Q.C. also addressed the meeting on the legal subject and the *séance* was concluded by some remarks from Monseigneur Fabre.

—The introductory at the Medical Faculty of Bishop's College was delivered on the morning of the 4th inst. by Prof. Armstrong.

TYPHOID IN MILK.—Some months ago considerable interest was felt here on this subject owing to a series of cases in which there was the strongest reason for suspecting this method of contagion. Again we hear of the same thing. The fact becoming known that several persons amongst the customers of one milkman were suffering from this disease, led to further enquiries by medical men amongst those they were attending with fever, with the result of finding still others who have had milk from the same source. We have since learnt that a member of the milkman's family has been ill with typhoid fever at the homestead whence the milk is brought. We are by no means satisfied that our sanitary authorities are keeping sufficient watch

over the milk supply of the city, and should be glad to hear of more stringent regulations coming into force.

DEFICIENT LATINITY.—A correspondent follows up a recent communication by some criticisms upon the Report of the General Hospital. Perhaps the remarks made by both writers may have a salutary effect upon the future published statements of our medical charities, "S. minor" believes that, with more shrewdness than his neighbours, he has made a discovery—viz., that the communication of "Scrutator" was written by the Editor. The Editor is sorry to inform him that his find is *a mare's nest*, and begs to say that any remarks he has to make to his readers are to be found in their customary department, and nowhere else.

Medical Items.

PERSONAL.—Dr. J. B. Lawford (McGill) has been appointed Assistant House-Physician to St. Thomas' Hospital, London.

A DISTINCTION OF INFANTICIDES.—The law in Schwetz, Switzerland, as just adopted by the local legislature, very singularly makes a distinction between legitimate and illegitimate children. The crime of infanticide will be punished with death only when the victim is a child born in wedlock.

AN EPIDEMIC OF PERNICIOUS ANÆMIA, which has recently been observed among the miners of the St. Gothard tunnel, is attributed, by Dr. Perroncito, to the presence of certain parasites in the intestines. Three different kinds of worms have been found in the dejections. One of these, an anchylostoma, is called Dochimus duodenalis: the others are varieties of anguillula.

NON-RESTRAINT IN THE TREATMENT OF THE INSANE.—Dr. Rutherford, of the Parochial Asylum, at Woodilee, Scotland, states in his recent annual report that, mainly through fully occupying the patients, and thereby counteracting the tendency to manifestation of their insane ideas, it has been found practicable to carry out the open-door system of treatment. All the doors of the asylum open with ordinary handles, and only the chief attendants are in possession of a key. Dr. R. believes

that by the diminution of apparent restrictions upon liberty, greater quietness and contentment are secured, which have the effect of promoting recovery.

THE MORALITY OF MEDICINE.—The criminal statistics of Brooklyn for the past year show 25,906 arrests were made by the police. One was a clergyman, one an editor, eight were artists, six actors, two custom-house officers, *forty-seven lawyers* (Jerusalem !), and eleven undertakers; but not a physician was there in the lot.—*Ex.*

PSYCHOLOGISTS BEWARE !—The *Union Medicale* reports that Dr. Legrand du Saull, one of the celebrated alienist physicians of Paris, was recently prosecuted for defamation, he having related, at a meeting of the Societe Medico-Psyhologique, the case of a person who, according to his view, was insane—his account of the case appearing in the journal of the Society. When this person was liberated from the asylum in which he had been detained, he immediately brought an action against the narrator of his case. Dr. Legrand made no reply to this strange accusation, but the tribunal in its judgment, exonerated him from all penalty, inasmuch as the report of a learned society—published without any intention to do harm, and purely with a scientific object—does not fall within the application of the law.—*Med. Press.*

ANCHYLOSIS OF THE NECK—FORCIBLE EXTENSION—DEATH. —An extraordinary procedure is related in the New York *Hospital Gazette.* A patient affected with anchylosis of the cervical vertebræ fell into the hands of a homeopath. The deformity was so great that the patient's head touched his chest. The physician accepted the patient's diagnosis of " rheumatism," concluded that the trouble was in the muscles, and advised an operation for the removal of the deformity. On the day appointed the patient was etherised, and his body and shoulders bound to the table by bandages. Additional bandages having been applied to the head, traction was made on these with all the strength that two men could exert, until the neck was straightened. During the pulling, sudden cracking noises were heard twice, but this caused no alarm to the surgeons (?) present, who continued their efforts, and finally succeeded in taking a human life by breaking the man's neck. The patient died on the table.

CANADA

MEDICAL & SURGICAL JOURNAL

NOVEMBER, 1880.

Original Communications.

CASE OF HYDROPS AMNII—REMARKABLY SHORT FUNIS.

By THOMAS A. RODGER, M.D., Montreal.

On the night of the 19th August I was hastily summoned to attend Mrs. H., who was said to be in labour with her eighth child. I found the lady sitting upon the side of her bed, firmly grasping her abdomen and crying out from intense pain in that region; to use the patient's own words, she "felt as though she would burst." Her face was cyanotic, bore an anxious expression, eyes were staring, and altogether was in a very distressing condition.

I ascertained that she would not have completed her term of pregnancy before the middle of October; and even now was in doubt as to whether she was actually in labour, she felt so very different to what she had experienced with any of her former pregnancies. I noticed whilst she sat on the side of the bed that her abdomen was very much distended, and made a remark to that effect; to which the patient replied that she had never been so utterly helpless at any time—in fact, lately, had not been able to get about at all. There was very urgent dyspnœa, which added very much to her discomfort.

On making a vaginal examination, I found the os about the size of a fifty cent piece, and very thin. Passing my hand over the abdomen, I was very much amazed to find such enormous distension; and tried also to make out, if possible, the position of the fœtus, but this I found it quite impossible to accomplish.

The patient being in a very critical condition, I decided upon rupturing the membranes at once, with the hope of relieving the urgent and distressing dyspnœa. This I did by means of a gum-elastic catheter, with stilette, and was surprised at the quantity of water which escaped, amounting, I feel certain, without exaggeration, to between 30 and 40 pints. The relief to the patient was very marked, and she expressed herself as feeling more comfortable. Labour pains of an uncertain character now set in, and for a time all seemed to be progressing well, the head being well down in the pelvis; but soon I found that the presenting part had become arrested. The vagina was capacious; there was no impaction of the head. I passed my hand up as far as the shoulders, and found all right; and it was not until I had reached up to the umbilicus that I ascertained what the trouble was. Here I found the funis only about two inches in length, and quite tense from having been put upon the stretch. I at once snapped the cord, and had no further trouble in effecting the delivery of the child. The placenta was adherent to the extent of fully three parts; I also found that the portion adherent had undergone fibroid degeneration. The fœtus was œdematous throughout the entire body, and presented the appearance of a patient in a highly dropsical condition. I was disappointed at not being able to get the fœtus for examination.

This case I bring to notice with the view of possibly aiding some of the junior members of the profession like myself. Shortening of the funis was certainly the cause of the delay in the birth of the child; and I do not doubt but that had I delivered with forceps, possibly matters would have been more complicated. Most assuredly I should have been at a loss, for the moment, to account for the absence of the funis, and in all probability have had hæmorrhage to contend against besides.

CASE OF OBSTRUCTION IN THE BOWELS.

By OLIVER C. EDWARDS, M.D., Montreal.

(Read before the Medico-Chirurgical Society of Montreal, October 15th, 1880.)

I was called on 4th July to see Mrs. C., æt. 74, a fairly nourished woman. From the attendants I gained the following history: She had returned to Canada from Scotland 4 years ago,

since which time she resided with her son. She was the subject of constipation, the bowels remaining confined for two weeks or more, when she would state her difficulty; then by means of copious injections, containing castor oil and turpentine, the accumulated fæcal masses would be evacuated. Towards the end of April of this year this state of affairs had arisen, and more than ordinary efforts had to be made, by repeated injections, to get the bowels to act. This condition of affairs was present again about the 15th of June, and having failed by the means usually used, I was asked to see the patient.

When I called to see her, I found her lying in bed, but her condition did not confine her to the bed. The belly was distended and tympanitic, so much so that it was difficult making deep pressure, but yet sufficient to allow me to make out to the touch the presence of some hard masses, which I concluded to be fæcal. There was no tenderness on pressure; the pulse and temperature were normal. She appeared in good spirits; slept well; and the only thing she complained of was a feeling of discomfort from the distended belly. Repeated injections of warm water and soap, with castor oil and turpentine, had been tried, but had completely failed to render her any relief. I then administered a copious injection with an ordinary enema syringe, adding 3 ounces of castor oil and 1 ounce of turpentine to the injection. This was retained but for a few moments, when it came away with no benefit. I ordered hot cloths to the bowels and gave her a ¼-grain of morphia, and left her for the night. At my visit next day, I introduced an œsophageal tube into the bowel, and by injecting sweet oil as I introduced it, I found no difficulty in getting in the full length. I then injected a pint bottle of sweet oil; this was retained for a short time, but came away without exciting any action of the bowels. Powders of half a grain of opium were ordered, one to be given twice a day.

At my visit the day following, matters remaining in the same condition, I again introduced the œsophageal tube, and injected a pint bottle of sweet oil, sending up after it about a pint of soap and water with turpentine. This produced no more effect than that of the day previous The belly now being much distended, to

render her more comfortable I gave, hypodermically, a ¼-grain of morphia at the daily visit instead of the pulv. opii, and concluding that nothing was to be gained by injections, I ordered an ounce of castor oil and half an ounce of turpentine to be taken by the mouth, but nothing resulted from its presence.

July 7th.—I now ordered six pills, each containing 1 grain Ext. Bellad. and 1-6th grain Nux Vomica, one to be taken every four hours.

July 8th.—At my visit to-day four of the pills had been swallowed, with the only result that the pulse and temperature, which up to this time had remained normal, were both accelerated, the pulse going up to 108 and the temperature to 101° ; the cheeks were flushed, and the patient feeling more uncomfortable than ever from pain in the bowels. I did not give the remaining pills, but administering morphia hypodermically, and ordering turpentine stupes to the bowels, I determined to let her lie quiet a couple of days before I used any further efforts.

July 10th.—The feverish symptoms of two days ago have passed away, and having secured one of O'Berne's syringes, and thinking, with the opening at the end of the tube instead of the sides, as in the œsophageal tubes, I might succeed in forcing an injection further up, I again administered a large injection containing, as before, oil and turpentine, but my expectations were again disappointed.

July 19th.—The patient was seen to-day in consultation with Dr. Roddick. The parietes of the abdomen were very tense from extreme distension ; a small trochar was introduced, and a great portion of the gas escaped. Dr. Roddick advised using a pill containing one drop of Croton oil and half a grain of Belladonna.

July 20th.—The patient has taken 3 of the pills last ordered, but no return has been caused. Much discomfort was occasioned and an increase of the temperature and pulse, as occurred with the previous use of pills. The tympanitis has returned, and is as bad as it was prior to the introduction of the small trochar.

July 22nd.—Having failed to relieve the patient by the means used, I now determined to keep her as quiet and comfortable as

possible, and wait and see if the obstruction would in time yield itself. Morphia pills of ¼-grain strength were ordered, one to be given twice a day; and having found that the inunction of sweet oil freely over the distended abdomen gave relief and lessened the tension, I directed to have it done every day.

July 27th.—The condition of the patient for the past week has been much the same—lying quiet, talking in a bright manner to those about her, yet becoming wearied with the long-continued distension. There is a deranged condition of the stomach, a dislike for food, and, in fact, refusing to take almost any form of liquid food prepared for her. For the first ten days after I had seen her, beef tea and milk were taken fairly well, after which time to the present she has gradually grown to refuse to take the food prepared for her. When this dislike for food was increasing, I ordered her wine; but taking a dislike to this, and asking that she might have Scotch whiskey, she took it regularly, and it has proved in part beneficial.

July 28th.—The patient has had vomiting of feculant matter to-day.

From July 28th to August 21st the symptoms remained the same, the body, however, becoming much emaciated, the pulse grew somewhat faster and feebler, and intermittent. At this date, August 21st, the patient said that she had a feeling as if the bowels would act, and a small injection being administered, she had a large natural motion. The patient had thus existed for 67 days without the bowels moving, and possibly for a longer period still, as the only statement of their acting after the obstruction occurring in the latter part of April is her own, and being advanced in life, her idea of things in general was very mixed.

Aug. 22nd.—The bowels moved several times to-day, the motions being free, fully formed, and devoid of any specially unpleasant odor. The action of the bowels, however, has weakened her more and more, and she has now very little strength left. Wyeth's beef and wine had been ordered, but she has now much difficulty in swallowing, and objects to taking anything but a sip of the whiskey now and then.

Aug. 23*rd.*—The bowels continued acting to-day, with the result that all the distension has disappeared and the parts as natural as before the obstruction set in. However, she gradually grew weaker, and at 10.30 that evening died.

I had the promise of a *post-mortem* examination if the obstruction had remained, but when that disappeared the relatives could not see the advisability of it; so none was made. The facts of this case would go to show how long one may subsist with such an obstruction existing, and how, after all means have been used and failed, by leaving matters to nature, a proper, satisfactory peristaltic movement may be set up.

BRIEF DESCRIPTION OF THE NEW PHYSIOLOGICAL LABORATORY, McGILL COLLEGE.

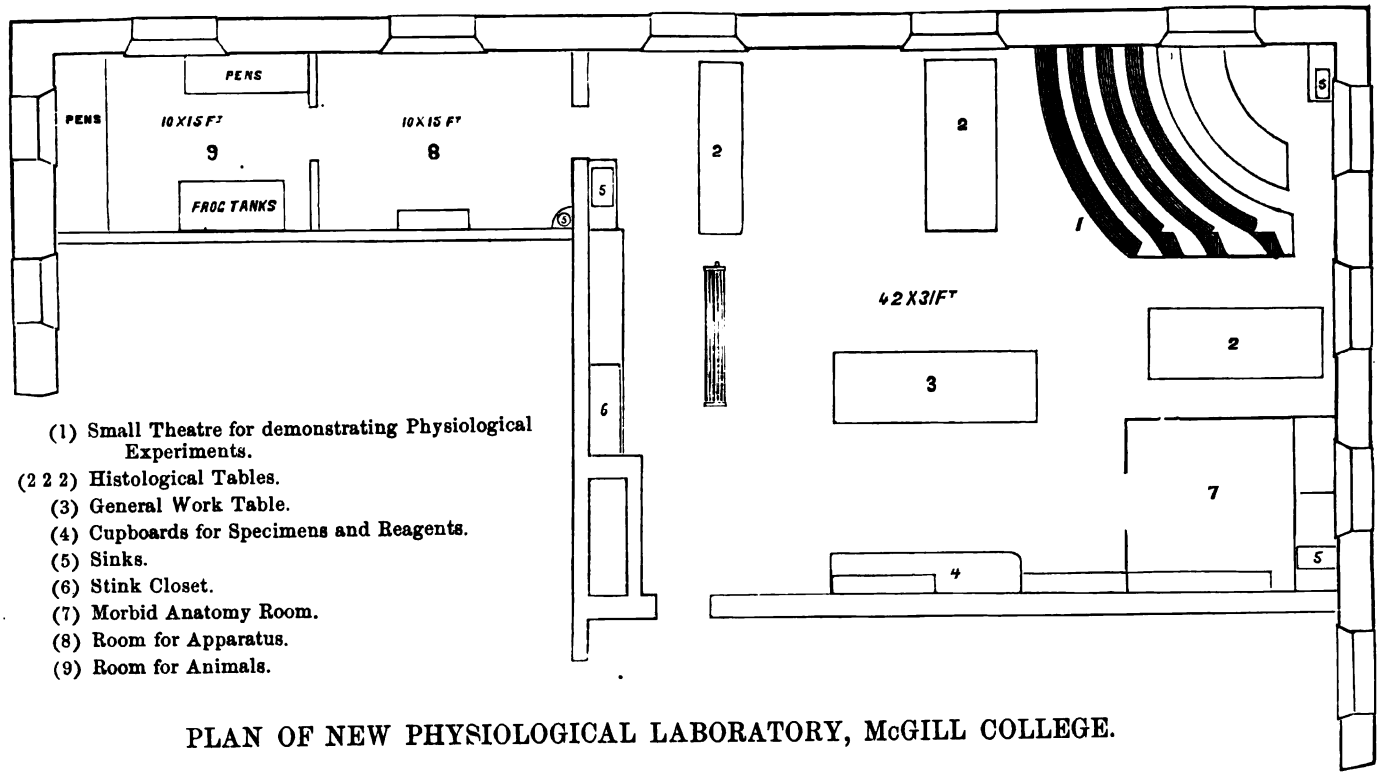
By Wm. OSLER, M.D., Professor of the Institutes of Medicine.

A short account of the new laboratory in connection with the chair of Institutes of Medicine, McGill College, may be of interest to some of the readers of this journal, many of whom are graduates of McGill, and doubtless continue to take an interest in the progress of the medical school at which they were educated.

Of late years considerable changes have taken place in the method of teaching physiology, particularly in the direction of increased practical demonstrations, the importance of which in such a practical subject cannot be too much insisted upon. For the carrying out of such demonstrations suitable apparatus and working space are essential. During the past six years I have had to use the practical chemistry laboratory for the Saturday demonstrations, and the students' waiting-room in the summer season for the histology classes.

Last year the Faculty decided to convert one of the three lecture-rooms in the medical faculty building into a laboratory, and the annexed wood-cut gives a ground plan of the arrangements as at present completed :—

The main room is a lofty apartment, 45 x 41, which will be used for the demonstrations and the practical histology class. The tables (2, 2, 2) are arranged opposite the windows, and can



(1) Small Theatre for demonstrating Physiological Experiments.
(2 2 2) Histological Tables.
(3) General Work Table.
(4) Cupboards for Specimens and Reagents.
(5) Sinks.
(6) Stink Closet.
(7) Morbid Anatomy Room.
(8) Room for Apparatus.
(9) Room for Animals.

PLAN OF NEW PHYSIOLOGICAL LABORATORY, McGILL COLLEGE.

accommodate twenty-one workers. They are heavy and firm, to ensure perfcct steadiness, and are provided with drawers for the students. (3) is a general work-table in the centre of the room, with gas-tubing along the middle. (4 4) are cupboards for specimens and reagents. (6) is a chemical closet connected with the chimney, to carry off odours and vapours. (5) Sinks. (1) is a small theatre for demonstrating experiments with special apparatus. Many experiments, illustrative of the physiology of the circulation, of nerve and of muscle, cannot be performed with any satisfaction in a large class-room and during the regular lecture hour; moreover, they are only appreciated by the senior students, and accordingly I have had this constructed with seating capacity of between 40 and 50, and so arranged that, the pitch being very high, all can have a good view of the experiment. (7) is a small room provided with sink, vats, &c., for the dissection and preparation of specimens in morbid anatomy. (8) is a small private work-room, 10 x 15, which serves also for the storing of the apparatus. (9) is another room, fitted with pens for guinea-pigs and rabbits, with three large tanks for frogs and newts.

The following is a list of apparatus which has as yet been procured, furnished by Hawksley, of London; Rohrbeck; Platt, of Berlin; and Steinmann & Ludwig, of Leipzig:—

Eleven microscopes (Hartnack), with usual microscopical accessories, camera, polariscope, &c.; microtomes (Rutherford's, Seiler's and Schiefferdecker's); warm stage, simple, of Stricker; warm stage, compound (Sanderson and Stricker); mesentery stage; frog-plate, for circulation in web of foot; hæmacytometer (Gower's); hæmochrometer Gower's); hæmochrometer (Quincke); hæmatimeter (Hoppe Seyler); spectroscope (Rhorbeck); spectroscope, simple, (Browning); Cyon's set of instruments for use in physiological experiments; Czermak's rabbit holder; Bernard's head-holder; Foster's muscle apparatus; gastric canula; arterial and tracheal canulæ; Ludwig's artificial respiration apparatus; Ludwig's apparatus for experiments on the cord. Sécateur of Moreau; zuleitungsgefäss of DuBois-Reymond; Ludwig's clamp for arteries; Ludwig's kymograph, with manometer and

electro-magnetic time and stimulation marker ; stromühr (Ludwig) ; sphygmograph (Gower's) ; Ludwig's apparatus for prevention of formation of blood-clots in canulæ ; Kronecker apparatus for experiments on the frog's heart ; electrical batteries ; electrodes of various sorts ; rheochord ; induction apparatus ; key (of Du Bois) ; whippe (of Pohl) ; Wiedmann's spiegelbussole ; Rhorbeck's chemical balance.

Among the apparatus for physiological chemistry, in addition to flasks, graduated tubes and pipettes, &c., &c., Bunsen's gas regulator, water-baths, digesters, dialysers, eccicator, acetometer, alkalimeter, alcoholometer, centrigrade thermometers, &c.

REPORT ON GYNÆCOLOGY.

By WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University ; Attending Physician University Dispensary for Diseases of Women, &c.

(*Read before the Canada Medical Association, at Ottawa, September*, 1880.)

(Continued from page 161.)

Ovariotomy.—There is, perhaps, nothing of which, as a profession, we have more reason to be proud than the success now attained in this operation. The announcement of Mr. Spencer Wells' thousandth case is doubtless known to every member of this Association. The marvellous success attained by Spencer Wells continues to be exceeded by Keith of Edinburgh, who, having already operated over three hundred times, has saved ninety-seven of his last hundred, and had at least seventy-six successive successful cases. The fact that the success of both operators has markedly increased by the use of the antiseptic system of dressing wounds is probably the greatest of the triumphs of Listerism.

Dr. Galabin reports a case of ovariotomy performed during the sixth month of pregnancy, without interruption to gestation. Fifteen days after the operation the patient was seized with an attack of phlegmasia dolens, which made her very ill for several weeks. The remarkable tolerance of the uterus under certain circumstances is shown by the fact that this patient went to full term.

The Battey-Hegar Operation.—The literature of the operation of normal ovariotomy, or female castration as it has been variously styled, has been much enriched during the last year. At the meeting at Baden-Baden for 1879, of the German Gynæcological Association, Prof. Hegar of Freiburg reported on 42 cases performed by him. This is, without doubt, the largest individual experience yet reported of this operation.

The first group of 13 were cases of small tumours, the limit in size being that of a billiard-ball: 8 cases were cured, 3 had subsequent pain, and 2 died.

The second group comprised 12 cases of uterine fibroids, 3 deaths; in 6 cases complete menopause and shrinking of the tumours; 2 cases had not menstruated for, as yet, three months after the operation. In one case the tumour was very large; cessation of menses, with shrinking for six months; subsequent recurrence of menses and enlargement of tumor, ending in death.

Third group, 5 cases of Chronic Oöphoritis, with microcystic degeneration of follicles and other alterations of stroma; 1 death, 3 complete cures, and 1 incomplete cure.

Fourth group, 5 cases of uterine affections, such as incurable retroflexions, sharp anteflexions, hyperplasia with its results of pelvic pain, neurosis, &c.; 1 death, 2 cases menopause, with relief of symptoms, and 2 cases too recent to permit of report.

Fifth group of 7 cases, comprising cases of decided chronic inflammation of recurrent character, perioöphoritis, salpingitis, perimetritis and parametritis, with adhesions, rigidity of ligaments, imbedding of ovaries in firm, contracting masses of exudation, violent local fixed and radiating pains and manifold neuroses, causing intense suffering. No fatal results; 3 times menopause and complete cure, once menopause and great improvement, once regular typical bleeding and considerable improvement, and 2 cases too recent to report on as to final result.

The mortality was thus 16.6 per cent of the whole.

Dr. Thomas Savage of Birmingham reports 4 cases without a death. All were cured or much relieved.

Prof. A. R. Simpson of Edinburgh, one case, recovery with great relief to symptoms.

Goodell of Philadelphia has also reported cases.

Spencer Wells publishes one case in the American Gynecological Transactions for 1879. Recovery, with great but incomplete relief to the dysmenorrhœa.

Treatment of Cancer of the Uterus.—In the *Lancet* of the 27th March, of the present year, Mr. John Clay, of Birmingham, published an article on the treatment of cancer of the female generative organs by a new method. The remedy proposed was Chian turpentine. The formula for administration used by Mr. Clay in his first cases was: Chian turpentine, 6 grains; Flowers of Sulphur, 4 grains—to be made into two pills, to be taken every four hours. More recently he has employed an ethereal solution of the turpentine in mucilage of gum tragacanth. In this article four cases of cancer of the uterus are reported, all of whom were much improved in both local and general condition. Projecting growths were melted away, hæmorrhages arrested, pain relieved, and the local condition so changed as to approach nearly to the healthy condition. The drug was continued many weeks with benefit. Mr. Clay further reports having had under treatment cases of cancer of the breast, vulva, stomach, abdomen, &c., all of which were much benefited.

In the matter of local treatment of uterine cancer, Mr. Clay is entirely at variance with the majority of modern gynecologists, who strongly advocate the removal as early and completely as possible of the whole of the diseased parts of the uterus, and indeed in certain cases, by Freund's and Koch's operations, of the whole organ. The question has naturally attracted much attention, and the drug has been extensively tried, and results favorable and unfavorable reported; the latter certainly preponderating. My colleague, Prof. McCallum, has tried it in two or three cases in the Montreal General Hospital, but without the slightest good result. Mr. Clay replies to unsuccessful experimenters that their failures are due to the use of spurious samples of the drug, genuine Chian turpentine being very scarce and dear.

Amongst others who have recently published disappointing results, one of the most recent is Mr. Elder, of the Nottingham Woman's Hospital, whose article appears in the London *Obstetri-*

cal Journal for July of this year. The treatment is still on its trial, which ought to be so thorough as at once to settle the question. I have said that the surgical treatment of this dread disease has many advocates. Amongst those who have written on the subject within the year may be mentioned Emmet and Marion Sims of New York, and Goodell of Philadelphia. The methods recommended are early and repeated removal by knife, curette, scissors, thermo-cautery or otherwise, of the whole of the diseased tissue, with subsequent cauterization of the part. Dr. Marion Sims, in an elaborate paper in the *American Quarterly Journal of Obstetrics* for July, 1879, recommends ex-section of the whole mass of diseased tissue, even up to the os internum, rather than amputation, which may now be said to be given up. Immediately after removal, Dr. Sims tampons the cone-shaped cavity and the vagina with cotton wool saturated with styptic iron, or alum cotton wool. This is removed on the fourth or fifth day, and the conical excavation filled with cotton soaked in a solution of five drachms of chloride of zinc in an ounce of distilled water, and squeezed dry. As caustics, he also recommends sulphate of zinc and bromine. As a tonic, with perhaps some special action in controlling the cancerous diathesis, Goodell and Sims afterwards use arsenic internally.

Freund's operation of complete extirpation of the Uterus for Cancer.—At the 1879 meeting of the German Gynæcological Association, Freund reported having performed the operation three times during the year, all proving fatal, and that he had attempted a fourth, but was obliged to desist from the extreme obesity of the patient. In this case, after healing of abdominal wound, he performed funnel-shaped excision of the cervix. The disease recurred two months afterwards. Of the three fatal cases, one was from shock, one from peritonitis, and one from acute catarrh of stomach and bowels.

At the previous meeting Freund reported ten cases; five recovered. Of these, at the present meeting he reported two as since dead—one from recurrence of cancer and one from pleurisy. Another case was relapsing. Recent experiences lead him to dissuade from the operation where there is great obesity, or

where the external surface of the vaginal portion is affected, and, of course, when the fornix vaginæ is involved. The mortality in Freund's experience alone is frightfully high. This has been more marked in the late than the early operations. Freund remarked that the early success was that which, of course, conduced to its being frequently practised, and thought that the late cases had not been so carefully selected as the first.

Treatment of Pelvic Abscess by Abdominal Section and Drainage.—At a meeting some months ago of the Royal Medico-Chirurgical Society of London, Mr. Lawson Tait advocated performing abdominal section for the purpose of opening and draining the various conditions of suppuration classed as pelvic abscess. In support, he pointed out that many of these abscesses open into the rectum, bladder, vagina, or amongst the muscles of the abdominal cavity. When such natural openings were established the patients often died; when recovery took place, it was very tedious. Mr. Tait narrated six cases of abscess, all of which seemed to originate in extra-peritoneal hæmatocele. In none of them could vaginal tapping have been effectual in emptying the abscess and removing the debris of the clots. They were opened through the abdominal cavity, the opening in the abscess cavity being carefully stitched to the opening in the abdominal cavity, except in one case, where adhesion had already taken place. Wide glass drainage tubes were first inserted, and then smaller ones of glass, or rubber with wire. In all the six cases the abscess closed, and the patients were restored to health in thirty days. From these cases Mr. Tait concludes that such an operation is neither difficult nor dangerous, and that by it recovery is rendered rapid and certain.

During the subsequent discussion, Mr. Knowsley Thornton said the operation was a great advance in surgery, as other cases of pelvic suppuration had long been unsatisfactory in their results. He had treated two cases on this plan, and was pleased with the results. Mr. Spencer Wells thought that in most cases it was unnecessary to open the abdominal cavity. The blood, pus, or serum could escape through an opening made through the vagina with a trocar. It could be kept free by means of a

piece of wire, and an antiseptic solution of iodine or carbolic acid injected.

Lawson Tait's Dilators.—Mr. Tait having been struck with the efficacy and painlessness of reduction of chronic inversion of the uterus by continuous elastic pressure, was led to try it for dilatation of the cervix in cases where it is necessary to explore or operate within the cavity of the uterus. The results have been very satisfactory. The apparatus consists of boxwood, ivory or vulcanite conical plugs of varying size, the smallest is two inches long, and small enough at its tip to enter the smallest os uteri. It has a flange at its larger extremity to prevent its being forced through the fundus uteri. There are three other gradually increasing sizes of plugs, the largest being at its apex 9-24 tenths of an inch in diameter, and at its base one inch; its length is 2½ inches. All these plugs screw on a common stem 7 inches long, with holes at its proximal end for elastic threads. A strip of sticking plaster is applied around the patient's waist, and strips of bandage are attached to this in front and behind. To these strips the elastic threads are to be attached, and relaxed or tightened as may be necessary when the plugs are in situ. The smallest size of plug necessary is of course first used, and replaced by the next largest as it becomes buried to the hilt in the cervix. The only precaution necessary is to make the pressure as slight as possible, and it is surprising how very slight an amount of pressure suffices to produce the dilatation, which is, or ought to be, painless. If any pain is produced, this is an evidence that too much pressure is being used. *Advantages over tents.*—These are many. The dilatation is more rapid, it is less painful than by laminaria tents. There is an entire absence of the horribly fœtid putrid discharge which accompanies dilatation by sponge tents, and which not rarely sets up septicæmia, and finally, they are inexpensive, the same set may be used indefinitely. The length of time necessary for dilatation in urgent cases need not exceed four or five hours, but had better extend over twenty-four hours. Some experience of this method of dilatation enables me to confirm most of what Mr. Tait claims for it.

Rapid dilatation of the cervical canal by metallic dilators with expanding blades was proposed almost simultaneously, in 1873, by Dr. Leopold Ellinger, of Stuttgart, Germany, and Dr. William Ball, of Brooklyn, as a method of treatment for dysmenorrhœa and sterility, caused by flexures and stenosis. The method has been recently strongly advocated by Drs. William Goodell and Ellwood Wilson, of Philadelphia; P. F. Mundé, of New York, and others. There is an increasing amount of evidence of the value of this operation. Some experience enables me to endorse all that has been claimed for it. I am unaware that any serious or even more than slightly disagreeable symptoms have followed it.

Intra-Uterine Medication of the Non-Puerperal Uterus.—The American Gynecological Society discussed very fully this subject at its last meeting. The subject was introduced in papers read by Dr. J. P. White of Buffalo, and Dr. Battey of Rome, Georgia. Dr. White spoke first of the fact noticed by most observers that while the application of strong acids and other caustics to the interior of the uterus is commonly painless and safe, yet injections into the uterus even of the blandest liquids will often cause colic or even worse symptoms. Dilatation of the cervix is often necessary to facilitate applications and cure stenosis. Prefers sponge tents to all others. Each tent should have a piece of twine or wire running throughout its length to ensure complete removal. It ought to be bent to suit the curves of the uterine canal, and may be covered with goldbeater's skin to lessen the danger of septic absorption. Recommends incisions in the lining membrane of the neck to facilitate dilatation. Showed a two-bladed dilator which he had used for thirty years to maintain the patency thus produced by tents. For making applications, uses probes of hard rubber or whalebone; uses vinegar to coagulate and facilitate removal of albuminous discharges from the cervix. For application to the interior of the uterus, uses glass rods roughened at the point, or glass tubes drawn to a point. These are made to take up a few drops of the caustic solution. A little rubber dropper bulb is applied to the extremity of the tube, and this is made to

take up, deposit and diffuse the agent on the interior of the uterus. Thinks the curette indispensable in the treatment of hæmorrhage or serous discharges depending on granular or polypoid developments on the uterine mucous membrane. Prefers Recamier's curette to all others.

Dr. Battey's paper was entitled "Intra-Uterine Medication by Iodized Phenol." Having been dissatisfied with the results obtained from the employment of nitric acid and silver nitrate, he made experiments, hoping to find an efficient and eligible substitute which would leave no ill effects on the uterus. For ordinary cases, uses a mixture of iodine and carbolic acid in the proportion by weight of respectively two parts and eight parts. When a stronger caustic is required, one part of iodine to two of carbolic acid is employed. The remedy is rapidly absorbed. Patient complains of the taste of iodine sometimes in five or ten minutes after application. As results of treatment by cotton wool tents saturated in this iodized phenol, Dr. Battey frequently sees flexions cured, subinvolution disappear, menorrhagia due to villosities of endometrium removed without the use of the curette, the puffy, swollen cervix diminished in size, and secretion of mucus diminished. The cure is effected without destruction of the cervical glands and without stenosis. Dr. Battey related a number of cases in support of his propositions.

Dr. Marion Sims thought that although the cases related by Dr. Battey seemed to justify the course of treatment adopted, yet it did not appear to him to be the best, easiest, or quickest way of dealing with them. The cases seemed to have been due to hypertrophy of the utricular glands, or fungoid degeneration of the endometrium. He thought that they might all have been cured in three or four weeks time by the curette, without any other intra-uterine medication. Carbolized phenol is a valuable remedy, but there is an objection to its odour. Dr. Sims spoke of obstinate uterine catarrh, which he treats by curetting away all the granulations, and then, by Paquelin's Thermo-Cautery, searing the whole membrane up to the internal os.

Dr. Isaac E. Taylor, of New York, has for several years

treated such cases as those mentioned by Dr. Sims by the curette and actual cautery.

Dr. W. T. Howard, of Baltimore, thought the first point to be considered here, as in all other cases, was the making of a correct diagnosis. Before deciding on what to apply, we ought to endeavour to ascertain how far the disease extends into the uterine canal. It is much more easily managed if it extends only to the os internum than if the lining membrane of the body is involved. This is much more common in parous women than virgins, except where there is stenosis, with anteflexion. If there be no great degree of anteflexion, especially of body of uterus, he first corrects this by turning the organ over backwards by the sound or Sims' or Elliott's repositor. If there be much flexion, clots are apt to be retained at the menstrual period and cause endometritis. After dilatation, is in the habit of using Battey's iodized phenol. If there be granulations, he uses the curette. If the internal os is sufficiently dilated, he washes out the cavity of the uterus with carbolized water before making the internal application.

Dr. Fordyce Barker agreed with Dr. White as to the danger of intra-uterine injections when the os is not dilated; but when the uterus is enlarged, as after labour, or abortion, or in submucous fibroids, then the uterus is perfectly tolerant of injections into its cavity. It is in these cases that injections are of the very greatest service. Did not think that the curette and intra-uterine medication were to be contrasted as being applicable to the same class of cases. In the proper class of cases there is no substitute for the curette, and so, intra-uterine medication in the class of cases to which it is adapted cannot be replaced by any other remedy. There is a class of cases of profuse metrorrhagia occurring at the climacteric period. In some of these there are fungoid granulations; in these the curette is most valuable. In another class of cases the hæmorrhage is passive, due to deficiency of tone. In such cases the curette is useless, even injurious, but active intra-uterine medication had done a great deal of good, even after the curette had failed. Had used for these cases intra-uterine injections of Fluid Extract of Ergot,

Extract of Hamamelis, and Churchill's tincture of iodine. In another class of cases, where the uterus is large and flabby, as in subinvolution, when patient is anæmic and languid, with feeble circulation and impaired nutrition, had seen many cures by intra-uterine medication where the curette had previously been unsuccessfully employed. Had also seen three cases of membranous dysmenorrhœa with sterility, cured by intra-uterine medication. The treatment was dilatation and the introduction of cones of iodoform into the uterine cavity, one every other day.

Dr. John Byrne, of Brooklyn, had had a large experience of intra-uterine medication. Twelve years ago, before the New York Academy of Medicine, had stated that he had injected the uterus two thousand times. Agreed with Dr. Howard of Baltimore that the secret of success was accuracy of diagnosis, not only with regard to the condition of the uterus, but more especially as to etiology. The uterus in the normal, healthy condition will not tolerate the introduction of any foreign substance or liquid, however bland, to its cavity with impunity. Believes that nitrate of silver, in solution, and chloride of zinc, are never tolerated with impunity by the uterus under any circumstances. After long experience, his conclusions are that if great accuracy of diagnosis be observed, intra-uterine medication, judiciously carried out, is of immense value, and is perfectly safe. The farther the departure of the uterus from the normal towards the pathological standard the more tolerant it becomes of medication and of all interference. He has long since abandoned liquid injections, except chloride of sodium water after curetting. Has had many times good results from the curette, and in certain cases from the cautery.

Dr. Goodell objected to Dr. White's method of passing a string through the whole length of the tent to secure complete removal. Believes that in withdrawing it the sponge will be so compressed in its length as to increase its thickness, and so be rendered more difficult of removal, and therefore apt to abrade the cervical canal and cause parametritis and perimetritis. Thinks that there is danger of the same occurrence from laminaria tents during their removal, from the bulbous extremity in the uterus produced by

the greater expansion of the tent at that point. For the same reason objects to Dr. White's plan of slight incisions in the cervix, which are most likely to absorb fatal doses of septic matter. He avoids these dangers by stretching open the uterine canal with a dilator; he next introduces a sponge tent, and then surrounds it with as many fine laminaria tents as he can crowd in. His object is to dilate with, if possible, one instalment only of tents, as, in his opinion, the dangers arise from repeated introduction of tents. Dr. Goodell is now a firm believer in intra-uterine medication. Was not always a believer in its value. Used to limit his applications to the cervix. Is a firm advocate for such medication, because we cannot tell exactly how far the disease has extended. He therefore always makes the application to the interior of the uterus, if the os internum is patulous enough; if not, then he uses first the dilator. For the last three or four years has cautiously used the intra-uterine syringe, and with more satisfaction than he formerly had from the applicator, as during its passage to the interior of the uterus the fluid is apt to be squeezed off. Uses Battle's syringe. Generally injects the fluid free, but sometimes expresses it through a thin film of cotton wrapped over the fine holes of the nozzle of the syringe. His favourite applications are Calvert's No. 4 carbolic acid and Battey's iodized phenol, to which has been added chloral, as suggested by Dr. J. P. Thomas of Kentucky. As to intra-uterine injections, believes that whenever the uterus is positively diseased the cervical canal will be patulous, and no harm will come from throwing fluid into the uterine cavity. But intra-uterine injections are to be avoided in hysterical girls, or nervous sterile women with anteflexion and dysmenorrhœa, tender vagina, and irritable bladder. Believes that obstinate catarrh of the womb is sometimes due to fungoid degeneration, but that it also not rarely depends on the existence of fissure at the internal os. Has not been able to demonstrate the existence of such fissures, but infers their existence from analogy, as they occur at all other outlets of body provided with sphincters, especially in women. They can for the most part be cured by forcible dilatation; believes that the sudden pain when the sound passes the

internal os to be due to the presence of such a fissure. At all events, has cured these cases by forcibly dilating the cervical canal, and making an application directly to the painful point.

Dr. T. G. Thomas, of New York, has not entirely given up intra-uterine medication, but believes that as a rule medication above the os internum is often hazardous ; in its results disappointing, and in many cases very useless. When uterine catarrh exists above the internal os there is, as a rule, some special cause for it. Idiopathic endometritis exists, but as a rule corporeal endometritis is secondary to something else. Very commonly it is due to congestion of uterus, caused by flexure or version, and less commonly, but not rarely, by a slight degree of uterine descent, the uterus dragging upon the broad ligaments and keeping up engorgement. To medicate these cases as is commonly done is an error ; rectify first the cause and the condition will disappear. In fungoid degeneration of endometrium, medication is useless unless done so thoroughly as to be serious. The curette is safer and better. Laceration of the cervix is the cause in others, and the congestion will disappear after trachelorraphy has been performed. In obstinate cervical catarrh, thinks that caustics and sponge tents are useless. He puts the patient to bed, dilates with tupelo tents, which he thinks better than sponge, which he would banish from gynæcological practice. After dilatation, catches the cervix with an ordinary tenaculum, and then with Sims' curette cuts out all the Nabothian follicles, then packs the entire cervical canal with iodized cotton, which is removed in thirty-six hours. Sometimes finds it necessary to repeat the operation two or three times. With reference to fissure at the internal os, does not believe it exists, but believes in the presence of a spasm caused by the inflammation of the endometrium.

Papers were read before the Obstetric section of the British Medical Association at the meeting at Cork, 1879, by Drs. Playfair, Atthill and Tilt, in which these gentlemen respectively reiterated their well known views with reference to the applicability, limits of application, and particular agents used by them in intra-uterine medication.

It will appear from these papers and the discussion which followed them, that the speakers were almost unanimous as to the value of intra-uterine medication in selected cases. There was no dissenting voice from the proposition that the method by injection, except with great caution and preliminary dilatation, is dangerous. In certain conditions the curette is a much more certain and speedy means to the cure of the patient. The warning note which it is desirable should go forth as some result of the discussion of such a subject by such an authoritative body as the Gynæcological Association of America, was struck by Drs. Howard, of Baltimore, and Byrne, of New York, when they said that accuracy of diagnosis is the secret of success, and, let me add, the safeguard from disaster. There is, perhaps, nothing concerning which it is more necessary to caution the average medical man, than the inutility and frequent positive danger of routine intra-uterine medication.

Treatment of the Perineum.—For a few years no subject has been more written about than the female perineum. It would appear that it is not yet exhausted. Emmet and Goodell, in their respective books, strongly advocate both early and late operations for the repair of ruptured perineum, being strongly impressed with the many ill results of unrepaired lacerations. Drs. T. G. Thomas and H. J. Garrigues, of New York, have written able and exhaustive articles on the subject. These articles appear in the *American Quarterly Journal of Obstetrics* for the month of April of the present year.

New Pessary for Prolapsus Uteri and Cystocele.—The invention of new pessaries is such a common event, especially with our ingenious American neighbors, that it may be thought, as a rule, to scarcely deserve mention in a report of this kind. Dr. Gehrung, of St. Louis, however, recommends a pessary which seems to be really a valuable addition to our means for the treatment of these most distressing and troublesome affections. His paper will be found in the *American Quarterly Journal of Obstetrics* for July, 1880.

CASE OF COMPOUND COMMINUTED FRACTURE OF RIGHT TIBIA AND FIBULA, AND SIMPLE FRACTURE OF LEFT FEMUR.

By E. GRAVES KITTSON, M.D., L.R.C.P., London.,
Attending Physician to the Hamilton City Hospital; Vice-President of the Hamilton Medical and Surgical Society.

(From Notes by Mr. Lafferty.)

W. D., æt 6 years, male, admitted into hospital on the evening of May 1st, 1880, suffering from injuries received from being caught between the spokes of a heavy freight waggon.

On admission the patient was pale, temperature of surface below normal; pulse of a fair character and rapidity, beating 96; both feet cold and livid, and no pulse could be felt in either of them. The injured limbs had been put up in a temporary manner by Dr. Biggar, the surgeon who was called at the time of the accident. On removing the dressings, the following injuries were noted:—1. A simple oblique fracture of the left femur at the junction of the upper and middle thirds; 2. Much bruising and abrasion of the left foot and leg, especially near outer ankle; 3. An extensive lacerated wound of the right leg, reaching from near the external malleolus, upwards and inwards, to about the junction of the upper and middle thirds of the tibia, this wound leading down to (4) a compound comminuted fracture of both bones, some small portions of which had been removed by Dr. Biggar prior to his being sent into hospital. Several silk sutures had also been inserted to draw together those edges of the wound which would allow approximation. The house-surgeon (Dr. Mills) immediately on his admission gave him tinct. opii camph. ℥ xx in water, and on my arrival the following treatment was adopted:—A long splint with five (5) pounds of extension was applied on the outer side of the left leg, reaching to the axilla, and supported by the smaller ones in front, behind and inside. Counter extension obtained by raising the foot of the bed, and the abrasions on the leg dressed with simple ointment. The wound in the right leg was carefully and thoroughly washed out with a solution of

carbolic acid (1-40); antiseptic dressings were applied, and, outside all, a couple of pieces of ribbed splinting. The spray was not used, as it seemed very questionable if it would be possible to save the foot, as it was quite cold and livid and apparently pulseless: however, warmth was ordered to be applied continuously for eighteen hours, when, if the required reaction did not set in, the question of amputation would have to be considered. Later in the evening the house-surgeon gave him tinct. opii camph. ♏ xv, as he was in some pain.

May 2nd.—Passed a restless night; cheeks flushed; is rather heavy; both feet are now quite warm; some starting pains in legs and feet; under the spray the right leg was dressed antiseptically and *some* of the silk stitches were removed. *4th.*—Wound dressed again to-day; wound looking clean; in dressing the right leg antiseptic precautions were from this time carefully observed. *6th.*—Discharge slightly offensive; protective discolored; a new dressing applied. *8th, 11th, 14th.*—Dressings reapplied. *13th.*—Dressings of left leg removed and again applied; some points of ulceration on the leg noticed, of various sizes, but superficial. *18th.*—Considerable discharge from right leg; dressings reapplied; wound much improved; general health good. *21st.*—Again dressed; slight chills this evening. *22nd.*—Temperature 102° F. A.M., 103° F. P.M.; ℞ cinchonidia sulph., grs. x, statim. *23rd.*—Erysipelatous blush over left foot and ankle, especially on outer side, where ulceration has been noted; ℞ ammon chloridi grs. v, tinct. ferri perchlor ♏ viii, glycerine ♏ xii, aquæ ℥i, every second hour; the foot and ankle to be painted with collodion and covered with cotton wool. *25th.*—Both legs redressed to-day. *29th.*—Several long incisions were to-day made in the outer and posterior parts of the left leg, from which a large amount of pus escaped; the cellular tissue for some distance along the back of the leg was entirely destroyed; the anæsthetic used was a mixture of spirits terebinth and chloroform (1-8); apply poultices. *30th.*—Very slight vomiting to-day after the anæsthetic.

June 1st, 4th, 7th.—Right leg again dressed, and on the last date cupri sulph. was applied to the granulating surface of the

healing wound. 14*th.*—More pus having formed in the left leg another incision was made and poultices continued. 19*th*-27*th.*—Right leg redressed.

July 2*nd.*—Left thigh again put up as before; free discharge from wounds in calf. 7*th.*—Dressings reapplied to right leg; wound almost entirely healed; general health very good. 8*th.*—Plaster of Paris bandage for left thigh. 13*th.*—Having eaten some pastry an attack of diarrhœa came on, for which he was given some castor-oil 16*th.*—To-day it is thought that antiseptic dressings were no longer required, and the small open spot was dressed with cold water; firm union and good position. 24*th.*—Passive motion ordered three times a day for both ankles.

August 13*th.*—Under chloroform the tendo achillis was divided subcutaneously and the right ankle forcibly moved, as it had become rather firmly fixed in an unfavorable position. 16*th.*—From ant. sup. sp. process of ilium to tip of ext. malleolus, the right leg measures 49.8 c.m. ($19\frac{9}{16}$ in.); the left leg, between same points, measures 49 c.m. ($19\frac{1}{4}$ in.) 31*st.*—A small piece of dead bone came away from the anterior edge of right tibia, and from this date he improved rapidly, and was discharged from hospital on the 8th of September, able to walk a few yards without any assistance. On the 3rd Oct., another small piece of bone came away from the same point as before, and this point healed up in two or three days after.

Remarks.—The cause of this severe attack of cellulitis in this boy was that, very unfortunately, a man suffering from alcoholism and facial erysipelas was placed in the same ward with this boy on the 21st of May. For several days previously the boy's temperature had been between 98° F. and 99°.5 F., and the pulse was about 110, and with the rise in temperature from 98°2 F. to 102° F. and 103° F., the pulse rose to 130.

It is not claimed that in this case the antiseptic treatment succeeded *entirely;* for there was a rise in the temperature *after* the first 48 hours, and on the sixth day the protective was discolored and the discharge and dressings were "slightly fœtid." Had it been a *perfect* success from an antiseptic standpoint neither of these events would have occurred. The interesting

point lies, I think, in the fact that this mode of dressing the right leg prevented the boy from having an attack of cellulitis in that leg, which was certainly a most favorable point for attack. After the redness appeared on the left foot, the right leg was dressed in all eleven times, each time with full antiseptic precautions, and I feel confident that, had such not been the case, it would have been almost a certainty that the disease would have attacked the more injured limb very soon after it attacked the other, and in that case I fear that there would have been but small chances of saving life. In the first dressing two mistakes occurred, viz: using a carbolic solution of the strength of 1-40 in place of a 1-20 solution, which is the proper strength; and the other mistake was that of leaving *any* of the silk sutures in situ, *all* should have been removed and then no septic matter could have been present in the wound had these precautions been followed. I do not know any form of dressing by which the same result could have been attained except the antiseptic, as in this case it was the only means of *isolating* this leg, and I am therefore quite willing to give the credit to the most cleanly way of dressing any wound.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER CARE OF DR. ROSS.

Tumor of Right Occipital Lobe—Gradual Hemiplegia—Autopsy. (Reported by Mr. H. E. Heyd.)

A. A., æt. 48, a well-nourished French-Canadian, was admitted into Hospital, October 12th, suffering from hemiplegia. Family history good; no history of previous illness till five weeks ago, when he began to suffer from violent headache, felt all over the head, and most severe at night; pain was of a most intense character, and after three weeks he was compelled to take to his bed, at which time he became very restless and fidgetty, getting frequently out of bed and walking about. This condition continued till three days before admission, when he noticed gradual

loss of power in the left side, and at this time the pain in the head ceased and complete hemiplegia was soon marked. No facial paralysis, loss of consciousness, or aphasia. Pupils equal, and respond well to the action of light.

On admission, patient lies in a dull, heavy, and listless condition on his back, with his head and face directed to right side of the body; appears most of the time to be in a soporose condition, from which he can be easily roused; answers questions indifferently; complete paralysis of motion and sensation in left side of body; facial paralysis is also marked to a slight degree; pupils normal. Respirations slow and sighing; pulse slow, full, and regular—52 to minute. Great retraction of abdomen is seen. Thoracic and abdominal organs apparently normal.

Oct. 15th.—Patient's condition has been gradually becoming more aggravated; lies now in an almost completely unconscious state; slow, stertorous breathing, and is aroused with great difficulty. There is seen to be marked rigidity in the muscles of the right arm, which also, at times, undergo slight spasmodic twitching and jerking; facial paralysis is now well marked. Eyes examined by Dr. Buller, but nothing definite was ascertained beyond some slight anæmia of the retinal vessels. Died at 10.30 p.m.

Autopsy.—Brain—At the base, on inspection, the right side looks fuller than the left, particularly in the spheno-temporal lobe and in the region of the sylvian fissure. On exposing lateral ventricle, a moderate amount of fluid is seen. On exposing the posterior cornu on the right side, a large rounded body is seen filling it, and projecting from the occipital lobe, yellowish in color, and in spots, covered by the lining membrane of the ventricle, the vessels of which are still visible. The lining membrane of the upper wall of the posterior cornu, which has been in contact with the tumor, is soft, and the substance beneath it shredy. On section of brain longitudinally through the middle of the 3rd ventricle, the white substance on the right side, external to the ganglia, is a little soft, and somewhat glistening and œdematous; the ganglia themselves, the lenticular nucleus particularly, look pale and infiltrated. The posterior part of the lenticular nucleus

on the right side is very soft, and the white matter of the capsule is less firm than on the opposite side. Occupying the occipital lobe on the right side is a tumor the size of a goose's egg, projecting into the posterior cornu of the ventricle. On section, its substance is greyish-red in color, of moderate consistence, and here and there blood vessels are visible. Towards the upper part, just beneath the lining membrane of the descending cornu, the substance is of a yellow color, and looks fatty; the mass occupies almost the entire white matter of the lobe, but nowhere reaches the pia mater. The narrow zone of white matter surrounding it is injected.

Nothing special seen in other organs.

Microscopical Examination.—In teased preparation, the majority of the cells are round, somewhat larger than colourless blood corpuscle. With these are irregular shaped cells, some of which are fusiform. In the centre of the growth, these elements have undergone fatty degeneration, and there are many dark, granular cells filled with oil droplets. In the portion near the floor of the posterior cornu there were some remarkably large flattened epithelial-like cells and several bodies resembling the "concentric globes" of a Psammoma. Further investigation will be necessary to determine whether it is an ordinary sarcoma, or whether it may not partake of the character of a Psammoma (or Angiolithic sarcoma).

Case of Pulmonary Emphysema, associated with a cured Aortic Aneurism—Autopsy. (Reported by Mr. W. A. Shufelt.)

J. B., a well-built, large man, æt. 60 years, with a history of a severe attack of rheumatism 12 years previous, more or less constant cough during last 10 years, and gradually increasing shortness of breath for 6 years back, was admitted into Hospital on October 12th, 1880, suffering from great dyspnœa, face and extremities puffy and œdematous, general cyanosis, and extremities cold. Chest is somewhat barrel-shaped; expansion almost nil; superficial veins in upper part of chest enlarged. Heart's impulse not seen nor felt, except in region of epigastrium, where

a moderately strong impulse is felt. On percussion, a hyper-resonant note is elicited over the whole thoracic region, masking completely the heart's dulness, and also extending as far down as the 7th rib on right side, in front. Breathing is very feeble; expiration greatly prolonged, and accompanied by numerous moist râles. Heart is heard beating feebly in sixth space, in nipple line. A soft blowing systolic murmur is heard along the left margin of sternum, below 4th cartilage. Nothing abnormal noted in pulsation of vessels. Liver displaced downwards to extent of two inches below the ribs in mammary line.

Patient's condition did not materially improve after admission to Hospital; difficulty in breathing rapidly increased, and the patient gradually becoming comatose, died on the 18th.

Autopsy.—On opening thorax, an aneurismal tumor is seen occupying the upper part of the anterior mediastinum; its anterior wall is formed by the first piece of the sternum, which presents a distinct depression corresponding to it; its lower border corresponds to the level of the 2nd rib; laterally it does not extend beyond the edges of the costal cartilages. Neither the œsophagus, trachea or bronchi are compressed. The tumor projects from the arch just in front of the innominate and left carotid arteries; it is about the size of a small base-ball. From the inner surface of the aorta the circular opening of the sac is seen, and immediately behind its posterior edge the innominate and left carotid are given off. The sac is completely filled with coagula, which project to the level of the mouth of the sac; its outer portion is composed of dense laminated buff-colored fibrin, and its inner portion of clots more recent and blood-stained. Projecting from the lower and posterior region of the arch is a second small aneurismal sac, lined by recent coagula and becoming fibrinous at its outer part. Aorta is large, rough and irregular, and presenting numerous spots of atheroma. Heart generally enlarged; aortic valves competent; slight thickening at edge of mitral valve, whose orifice measures five inches in circumference. Lungs extensively emphysematous, with considerable œdema of the upper lobes; bases dark-colored and slightly collapsed.

Correspondence.

MONTREAL, October 16th, 1880.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

DEAR SIR,—May I ask why the courtesy of an invitation to the Introductory Lecture of the Medical Faculty of McGill College was not sent to the president of the College of Pharmacy? This College has struggled for years, against many difficulties, and is doing a work very much needed among the rising generation of pharmacists. Other colleges of medicine have appreciated the efforts made on behalf of pharmaceutical education by this institution, and it is a matter for regret that McGill should not extend a little of her sympathy towards both it and the Pharmaceutical Association of the Province of Quebec.

Yours, CHEMICUS.

[We are authorized by those having charge of the arrangements for the Introductory Lecture to state that the unfortunate omission above alluded to was entirely unintentional, and occurred solely through the hurry with which they had to act, as the decision to have invited guests was arrived at only two or three days before the delivery of the Lecture. Without doubt the College of Pharmacy deserves all the sympathy of the Schools of Medicine for the good it has done in promoting a higher standard of education for the pharmacists of this country.—ED.]

To the Editor of THE CANADA MEDICAL AND SURGICAL JOURNAL.

DEAR SIR,—A few days ago, Dr. Ross, one of the attending physicians and Dr. Imrie, House Surgeon of the Montreal General Hospital, having called my attention to the fact that several patients in that institution affected with typhoid fever had come from Lachine, and that some of them were workingmen who had been employed on the Lachine Canal, and it having been reported that the privies used by the men working on the Canal were very close to the river, owing to which there was danger of the water's being contaminated—I thought it my duty to investigate the matter. On examination I found that there was only one privy built for the men, and that owing

to its position it could not possibly contaminate the water, but I also found that the men were in the habit of defecating everywhere about the banks of the Canal, near the river. I urged the contractors, Messrs. Davis, to put a stop to this state of things, and suggested the building of a suitable number of privies and the disinfection of their contents by the daily use of a certain quantity of sulphate of iron, in solution. These suggestions they seemed quite disposed to adopt.

During my visit I discovered what I certainly consider to be a fruitful source of disease, namely: the water of a certain portion of the canal, separated from the village by the breadth of the road only, and into which privies are drained, and butchers' offal and dead animals thrown. A greater number of the poor class use this water; and a medical man, a resident of the municipality, informed me that it was in this locality that typhoid fever was most prevalent; also, that even the river water, in a bay where there is no current, and where a quantity of timber is constantly kept, part of which becomes decayed, was of an inferior quality, becoming putrid a few hours after being drawn.

In the municipality of Lachine, as in other municipalities, there is no system either of drainage or scavenging, the contents of the privies being allowed to soak into the soil. A health committee has been formed, and an inspector of nuisances appointed, but this officer has no authority to cause the abatement of nuisances. I noticed in front of a commercial establishment, near the road, stagnant and putrid water, which had been partly dried up with lime.

I had the pleasure of meeting the Mayor of Lachine, who certainly has the welfare of his municipality, in a sanitary point of view, at heart. He has already proposed sanitary reforms to the Council, and amongst others the construction of a public abattoir.

Persons are constantly received into our hospitals who contract infectious diseases in other municipalities, and who not only receive treatment at the expense of our citizens, but also, when the diseases with which they are affected terminate fatally, increase the death rate of the city, thus keeping up the

figures which have earned for Montreal the reputation of being a most unhealthy city. The surrounding municipalities should at all events adopt, as they are empowered to do by their by-laws, such measures as are indispensable in preventing the propagation of contagious diseases; and a Board of Health having jurisdiction over these municipalities, at least in regard to contagious diseases, should be established, in order to enforce the adoption of preventive measures. The creation of such a Board is certainly of the most urgent necessity.

A. B. LAROCQUE, M.D.,
Montreal, Sept. 22, 1880. *Medical Officer of Health.*

Reviews and Notices of Books.

A Practical Treatise on Tumors of the Mammary Gland, embracing their histology, pathology, diagnosis and treatment.—By SAMUEL W. GROSS, A.M., M.D., Surgeon to, and lecturer on Clinical Surgery in, the Jefferson Medical College Hospital, and the Philadelphia Hospital, President of the Pathological Society of Philadelphia, &c. Illustrated by twenty-nine engravings. New York: D. Appleton & Co. Montreal: Dawson Bros.

Tumors of the mammary gland, as the author states, have not hitherto been made the subject of a systematic and strictly accurate treatise. To do this with the aid of modern histological research, has been the object of the present treatise. The importance of this special study can hardly be over-rated, when we consider the great frequency with which new growths are met with in this situation, the often difficulty of early diagnosis, and the still discordant views that are held with reference to their proper treatment. Prof. Gross has carefully analyzed 65 cases of cysts and 902 neoplasms, the nature of which was confirmed by the microscope, and more than one-seventh of which were original cases in his own private and public practice. The initial chapters are upon the following subjects: "Classification and relative frequency of Tumors of the Mamma," "Evolution and transformation of Mammary

Neoplasms," "Etiology of Neoplasms of the Mamma," "The Anatomy of the connective tissue Neoplasms." Then follow chapters devoted to each of the special varieties of the tumors of this region. Chapter XI. is upon diagnosis, and especially the important distinction between carcinomatous and non-carcinomatous growths. Chapter XII. deals with treatment. On this subject the author speaks very strongly and emphatically. He is a firm believer in the local origin of carcinoma, and explains many of the failures of former writers by the comparatively imperfect manner in which the operations are performed. He strongly advocates the early removal of all mammary tumors. When any doubt may exist as to its nature, he recommends immediate examination of a section by a freezing microtome. Then, if its malignant nature be established, or if this be sufficiently evident without such procedure, the smallest portion of gland structure must be sought for and removed, the fascia of the pectoralis must be dissected off, and the axilla thoroughly cleaned out. He is satisfied that if this is *thoroughly* done before contamination of more distant glands or of other organs has taken place, recovery can certainly ensue. Cures are considered to be cases remaining free from recurrence for three years. Tested in this way, several instances are related of complete cure after extirpation of tumors ascertained by competent microscopists to have been of an undoubted carcinomatous nature. It will thus be seen that Prof. Gross' researches have led him to take the hopeful side of these dreaded cases.

The work is an admirable addition to surgical literature—careful, thorough, and eminently scientific,—and should be in the hands of every practical surgeon.

A Treatise on Common Forms of Functional Nervous Diseases. By L. PUTZEL, M.D., Physician to the Clinic for Nervous Diseases, Bellevue Outdoor Department; Visiting Physician for Nervous Diseases, Randall's Island Hospital, &c., &c. New York: Wm. Wood & Co. Montreal: Dawson Bros.

This, which appears as the latest addition to Wood's Library,

forms an excellent monograph upon certain of the most important amongst the so-called functional diseases of the nervous system. It is devoted in large part to that common, but distressing, malady neuralgia, of the various kinds of which, with their varieties and suitable treatment, an exhaustive account is given. The peripheral paralyses, although doubtfully admitted as functional, are very fully treated of, the clinical history and the means of diagnosing each being specially dwelt upon. Besides these, Chorea and Epilepsy are also discussed; Hysteria, for various reasons, being purposely omitted. The different articles are as concise as the fulness of information required will admit of, and bear the impress of having been written by one who is completely conversant with the subject in hand, and has had a large and varied experience of all the phases of the different diseases upon which opinions are expressed.

The Art of Prolonging Life.—By CHRISTOPHER W. HUFELAND. Edited by ERASMUS WILSON, M.D., author of "A System of Human Anatomy," &c. From the last London edition. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Brothers.

Christopher W. Hufeland was a philosophic physician and professor of medicine in the University of Jena, and this work is said to enjoy much popularity in its native country. It was translated into English in 1797, but has been almost entirely forgotten. The present editor has done a good work in once more bringing forward the thoughtful and philosophic remarks of this antique teacher. As he remarks, "The reader will be struck with the little real progress which has been made in the science of living during the more than half a century since the original work was first written." The author discusses, in a style which now-a-days appears rather quaint and stiff, most of the circumstances, both personal and otherwise, which affect the tendency of the individual to live or, contrariwise, to cease living. Many of the subjects, therefore, which he treats of are those falling under what now goes by the name of Hygiene, but, at the same time, the writer branches off to consider a great many

other questions concerning human life in general. An examination of a few of the chapters shows what a thoughtful, observant and philosophic mind produced them. Take, for example, that on the signs of long life in individuals. What a deal of truth there is in his "portrait of a man destined for a long life"! His ideal long-lived man is made of a great many useful negative qualities, and also very important positive ones. He would not encourage a contempt for food, as inculcated by the admirers of Dr. Tanner, for he says: "His stomach is excellent, his appetite good, and his digestion easy. The joys of the table are to him of importance: they tone his mind to serenity, and his soul partakes in the pleasure which they communicate." Here and there the book reminds one of the "Religio Medici," and it is good and refreshing to have old books like this one renovated and placed before the readers of the present day. The writers of this age are too busy with evolution, protoplasm and bacteria to give us any of that quiet, old-fashioned, but solid, philosophy set forth by Hufeland and that ilk.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vol. I. A——Berlinski. With a list of abbreviations of titles of periodicals indexed. Washington: Government Printing Office. 1880.

We have received the first volume of this very important and valuable work. It is a ponderous tome of 888 pages. The extent of the whole undertaking may be judged of when it is observed that the entire part has covered only the letter A and a small part of letter B. Any one who has had experience with the cataloguing of even a small library of even a few thousand volumes will be able to appreciate the immense amount of labor represented by a volume of this kind. It seems to be wonderfully complete, embracing every medical periodical, American and foreign, of any note. It is doubly useful, from the fact that it has arranged both authors and subjects alphabetically. It will be found, when complete, invaluable to every one engaged in looking up the literature of no matter what subject connected with any of the medical sciences.

Books and Pamphlets Received.

A Treatise on the Practice of Medicine for the use of Students and Practitioners. By Roberts Bartholow, M.A., M.D., LL.D., &c. New York: D. Appleton & Co. Montreal: Dawson Bros.

A Treatise on the Diseases of the Eye. By J. Sœlberg Wells, F.R.C.S., &c. Third American, from the third English, edition, with copious additions by Charles Stedmann Bull, A.M., M.D. Illustrated with 254 engravings on wood and six colored plates, together with selections from the text-types of Prof. E. Jaeger and Prof. H. Juellen. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Diseases of the Pharynx, Larynx and Trachea. By Morell MacKenzie, M.D., Lond., &c. New York: Wm. Wood & Co. Montreal: Dawson Bros.

A Practical Treatise on Nasal Catarrh. By Beverley Robinson, A.M., M.D. (Paris). New York: Wm Wood & Co.

Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. By Thomas F. Rumbold, M.D. St. Louis: Geo. O. Rumbold & Co.

Geo. P. Rowell & Co.'s American Newspaper Directory: containing accurate hints of all the Newspapers and Periodicals published in the United States, Territories, and the Dominion of Canada, together with a description of the towns and cities in which they are published. New York: Geo. P. Rowell & Co.

The Compend of Anatomy, for use in the Dissecting Room and in preparing for Examinations. By John B. Roberts, A.M., M.D. Philadelphia: C. C. Roberts & Co. Montreal: Dawson Bros.

The Physician's Visiting List for 1881. Philadelphia: Lindsay & Blakiston.

Proceedings of Societies.

McGILL MEDICAL SOCIETY.

The semi-annual meeting of the McGill Medical Society was held in the College Buildings, on Saturday, the 9th ult.

The Secretary's report showed that during the past session seven papers had been read and one debate held; that the Society, through the kindness of the Faculty in providing suitable accommodation, had been able to open a reading-room for its members, provided with the principal Canadian and English medical journals; that they had been further able to procure what, it is hoped, will be the nucleus of a very useful students' library; and, lastly, that the financial position of the Society

was in a most satisfactory state, thanks to the energy of the Treasurer, Mr. J. W. Ross.

The following are the officers elected for the ensuing session, viz.: *President*, Dr. Geo. Ross; *1st Vice-President*, Mr. Jas. Ross; *2nd do.*, Mr. J. W. Ross; *Secretary*, Mr. H. W. Thornton; *Treasurer*, Mr. A. Shaw; *Librarian*, Mr. C. E. Cameron; *Councillors*, Dr. Molson and Messrs. E. J. Rogers and T. W. Reynolds.

Dr. MacDonnell, the retiring president, then gave a most instructive address. He first referred to the question then before the Society touching the advisability of holding more debates, which he strongly discountenanced, quoting the opinion of the late Dr. Graves to support his views. Then as to the character of the papers, he advised their authors not to aim too much at procuring rare and curious cases, but rather to give practical clinical records of cases of every day diseases: especially cases they had seen during the vacation, with the treatment, in order to compare it with that seen here. He urged them to bring back any pathological specimens they could procure, reminding them that one or two of the best specimens of bone disease in the Museum were thus obtained. Finally, he advised all students to take and keep careful records of cases they have seen as students, since these would be of great use to them in after life; and, further, not to devote the whole of their time to poring over their notes and text-books, but to acquire the habit of general reading.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Antiseptic Treatment of Typhoid Fever.—Dr. C. G. Rothe, after having treated 25 cases, recommends very highly a combination of iodine and carbolic acid, viz., 1 to 2 of carbolic acid, and 1 of tincture of iodine, in 120 of water. All the patients, after the first days, as soon as the gastric symptoms had subsided, asserted they felt quite comfortable; and this subjective feeling lasted uninterruptedly

to their convalescence. The latter also, in all, went on without disturbance, and without interruption by those troublesome slight relapses, which frequently seem to indicate, in the fourth or fifth week, some recrudescence of the local lesion. The medicine itself is readily taken by the patients, both children and adults; and, indeed, for weeks; which cannot be said either of quinine or of salicylate of soda. Oil of peppermint completely disguises the disagreeable smell; and gastric or sensorial disturbances, which sometimes attend the use of the above-mentioned remedies, were never observed. The medicine has also the recommendation of cheapness, a very important circumstance in view of the present high price of quinine. It seems important that the remedy should be given in sufficient quantities, a tablespoonful being given hourly, until a decided effect on the pulse and temperature is produced, and then every two hours, until apyrexia follows; and it should be continued for three or four weeks. Whether the carbolic acid, without iodine, has the same effect, Dr. Rothe does not know. For the last ten years he has used the combination of carbolic acid with iodine in phthisis, diphtheria, diarrhœa, etc., and has never ventured to give up its use. Dr. Rothe says that he would not have ventured to publish the results of a small number of observations, if it were not for the desire that they should be repeated, and confirmed or corrected. He hopes that his professional colleagues, if they think the treatment worth a trial, will publish the results of their observations.—*London Med. Record*, Aug. 15, 1880.

On Lithotrity at a Single Sitting.—At the late meeting of the British Medical Association, Sir H. Thompson presented a paper with the above title, and of which the following is an abstract. The paper consisted of a consideration of Bigelow's proposal, with reasons for believing it would issue in an advance for the operation of lithotrity. About 18 months ago Sir H. Thompson commenced employing it as the rule, and since that time he had operated in 54 cases of stone in the bladder of the male adult, mostly aged; on 46 of these by the method of one sitting; on two others by multiple sittings;

and on six by lateral lithotomy. Among these 54 cases were three deaths, two in cases of lithotrity by one sitting, and one after lithotomy. The reasons were given for adopting multiple lithotrity and lithotomy in the eight cases; and the following practical deductions were appended to the paper, as the sum of the lessons to be learned by this contribution towards an attempt to estimate the value of the method in question. 1. In view of a general adoption of lithotrity at a single sitting, it becomes more than ever important to diagnose carefully before operating, the size and—if practicable, as it mostly is—the nature of the stone, so that the means employed to remove it may correspond thereto. For, when the stone is small, or of medium size, as it is in the majority of cases, it is not only unwise but dangerous to employ large and unwieldy instruments to remove it. Small instruments are much safer than large ones, and do less mischief in the bladder and urethra. The latter should never be used, unless the work to be done renders them necessary; and this can only happen in a few exceptional cases. 2. There is no doubt that a practised hand, thoroughly familiar with the details of lithotrity, is more necessary to the success of an operation which is to be completed at a single sitting, when the stone is not small, than to that of an operation which consists of several sittings. In other words, the removal of a large stone at a single sitting is a more difficult proceeding than that which disposes of it at several trials. 3. Speaking with caution, it appeared to him that at present we are not justified in attempting to remove all stones by crushing, and certainly not by any one system of crushing. The new method rendered lithotrity safer than before for the stones already assigned to that process, and extended it to some which were larger than before so operated on. But he still regarded lateral lithotomy (the high operation being sometimes perhaps advantageous) as an admirable procedure not only for hard stones, say of about two ounces in weight and upwards, as a rough general estimate, but also for smaller ones in some cases where the urethra was not large, or other circumstances seemed to indicate it. Further, he could not doubt that many men, whose experience was necessarily small, would cut for a

hard stone, weighing an ounce, more safely than they would crush it at a single sitting. Great and irretrievable damage might be easily inflicted by large lithotrites and evacuators in unpractised hands. For two among the 48 cases of lithotrity recently operated on, multiple sittings were preferred for the reasons given; and he strongly advises the exercise of an independent judgment in every case, and not the pursuit of any routine method, without reference to the very varied circumstances which calculous disease largely presented.—*Brit. Med. Journal*, Aug. 28, 1880.

Klebs on the Specific Agent of Typhoid Fever.—Professor Klebs of Prague believes that he has discovered the micro-organism which constitutes the specific agent of typhoid fever, and developes his views in a paper entitled "Der Ileotyphus eine Schistomy cose," published in the *Archiv fur Experimentale Pathologie*, t. xii, p. 231, 1880. Professor Klebs has for a long time, assisted by his pupils, been making researches in this direction. He writes that he has been able to find, at the necropsy of 24 persons carried off by dothinenteritis, microbes in various organs: in the intestinal mucous membrane, in the thickness of the cartilages of the larynx, in the pia mater, in the foci of lobular pneumonia, in the mesenteric ganglia, in the parenchymata of the liver, and generally diffused in the organs which showed the most decided lesions. These micro-organisms showed themselves in the form of rods, about eighty micrometers in length and 0.5 to 0.6 micrometers in thickness. They have been constantly observed in the bodies of dothinenteric patients since the attention of Professor Klebs was drawn to the subject, and they are always absent from the organs, and specially the intestines, of subjects who have died from any other disease than typhoid.—*Brit. Med. Journal.*

Protection of Animals from Splenic Fever.—Dr. Greenfield's very able report of his recent work at the Brown Institution on the subject of splenic fever and allied disease, is of no small public interest, taken in connection with the recent experiments of M. Pasteur on fowl-cholera. Some time ago Mr. Duguid, at the request of Dr. Burdon Sanderson,

performed experiments which seemed to show that when anthrax is communicated to bovine animals through rodents, the animals so infected, although exhibiting severe symptoms, recover; and also that such animals are less liable than others to future infection by the same process. Dr. Greenfield has followed up this line of inquiry, and has obtained results apparently of a very positive character. A steer, in good health and condition, was kept under observation for three weeks. It was then inoculated with a small quantity of fluid which had been obtained by cultivation of the Bacillus anthracis in aqueous humour, and which swarmed with rods and spores of bacillus. The fluid thus used was the second generation of the cultivation of spleen of a guinea-pig which died of anthrax. This guinea-pig was the third of a series through which the disease was transmitted from the cow by inoculation. For about 24 hours nothing was observed, but on the morning of the second day the temperature had risen 4°F. The animal was drowsy and stupid, and fed badly. The temperature continued high for several days, during which the animal was seriously ill, and at times seemed hardly likely to recover. On the eighth day, however, the temperature began to fall, and in two or three days more the animal was perfectly well. Some weeks later, this same animal was inoculated from the fresh spleen of a guinea-pig which had died of anthrax. On the following day the temperature was a little elevated (1° to 2°F.), and the animal showed some indisposition, and took food badly, but on the third the temperature fell, and the animal remained quite well. A third inoculation was made some weeks after the second. In this third inoculation the poison was obtained from a guinea-pig which had died of anthrax derived from the horse. An inoculation with the same material was made on a cow. In the case of the steer no effect was produced, while the cow died within four days with the typical symptoms and *post-mortem* appearances of anthrax. A period of three weeks having elapsed after the third inoculation, during which the animal was in good health, a fourth inoculation was made from the spleen of a guinea-pig which had died of anthrax. The result was *nil*. In 14 days the fifth and last inoculation was performed, the material being

obtained from a sheep which had died of anthrax. The effect was a small abscess, but no infection of the animal. Dr. Greenfield is still keeping the animal, with the intention of inoculating it with anthrax directly from another bovine animal. These results, following those published by Pasteur with reference to inoculation of chickens with attenuated cholera poison, and those obtained by M. Toussaint by inoculation with the filtered blood of animals which have died of splenic fever, are of the greatest interest, and justify Dr. Greenfield's hope that in this way animals may be protected by a sort of vaccination from this dreadful disease. How this may be safely carried out—whether by vaccination with modified poison from a rodent, or by some form of prolonged cultivation, or, as M. Toussaint seems to indicate, by filtration of the infected blood—is still a problem.—*Brit. Med. Journal*, Sept. 18, 1880.

Diagnosis of Fracture of the Neck of the Femur.—Dr. Bezzi draws attention, in *Lo Spallanzani*, Nos. 1 and 2, 1880, to a sign which is pathognomonic of fracture of the neck of the femur, but which is not generally known. In examining the space between the trochanter and the crista ilii, it will be found that while, on the sound side, the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well-marked depression, a flaccidity and diminution of tension, from displacement upwards of their points of insertion.—*Glasgow Medical Journal*, Sept., 1880, from *Centralblatt f. Chirurg.*, July 31, 1880.

Pneumonia.—A fierce old venesectionist writes on pneumonia in the *St. Louis Clinical Record*. We make the two following extracts:—

"There were two old doctors there, neither of whom bled in pneumonia. One of these soon after was attacked with pneumonia. He treated himself, took small doses of calomel and ipecac every two hours for four days, when "his flue collapsed" and he died. The other lost nearly every patient that had

pneumonia. He gave quinine and brandy, and as inflamma tion was inflammation then, and not debility, of course he hurried them off. I was called in a neighborhood where he had lost three patients of pneumonia in one house. I met the dreaded foe sword in hand. I bled my patient freely, he made a rapid recovery. Well, this thing was repeated over and over with like success. The consequence was, my stimulating vaso-motor, send-the-blood-along friend had to seek his hole. This occurred in 1847-8, before "the change of type" had reached Chariton county.

"I think a good many pneumonic patients are killed with quinine. If there is any indication or reason for giving it, I don't know what it is. It disorders the nervous system, impairs digestion. It has no influence in preventing hepitization or hastening resolution. I know a man in my county who has complete amaurosis from taking quinine for pneumonia last winter. His doctor gave him half a bottle in twenty-four hours on the "vaso-motor," "inhibitory," "accelerating," "depressing," "constricting," "dilating," hypothetical theory of the day. But the fashion now is, quinine, from a stone-bruise to a broken neck. If no more quinine should be used than is really beneficial in disease, it wouldn't be worth a dollar a bottle.

Bacillus Leprae.—In a recent number of the *Nordiskt Medicinskt Arkiv* is an article by Dr. G. Armaner Hansen, of Bergen, Norway, upon this subject, illustrated with original representations of this parasite. That there is a peculiar form of bacteria in leprosy constituting the "contagium" of this disease may now be considered as definitely established. Dr. Eklund, of Stockholm, described in his admirable monograph on Leprosy what he designated as *Micrococcus leprae*. Dr. Neisser, of Breslau, who also spent some time in Norway studying this disease, confirmed Dr. Eklund's observations. Prof. Fern. Kohn and Dr. Koch subsequently arrived at the same conclusion.

Dr. Hansen, however, claims priority in this discovery of

of the true etiology of leprosy, having observed these bacteria as early as 1873, and communicated his observation in a report to the Medical Society of Christiania, in 1874. He found the vibratile rods to exist in the cells of lepra tubercles. When microscopical preparations were kept for some days in a moist place masses of zooglea were constantly forming in them. To these he gives the name *Bacillus leprœ*. These observations effectually dispose of the hypothesis that leprosy is a malarial disease.—*Medical Herald.*

Remedies for Headache.—The following recipes and suggestions for the treatment of different forms of headache are collected from a variety of trustworthy sources:—

Two grains citrate of caffeine, in capsule, taken every half-hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief. The only objection to its use is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache:—

Muriate of ammonia, 3 drachms; acetate of morphia, 1 grain; citrate of caffeine, 30 grains; aromatic spirits of ammonia, 1 drachm; elixir of guarana, 4 ounces; rose water, 4 ounces. Mix. Dessertspoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:—

Oxide of zinc is of great value. Ordinary dose, 2 grains, three times a day, after meals; maximum dose, 5 grains. It is best given in form of pills.

Nux vomica is preferable to strichnia. The dose is ¼ grain, after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain sulphate of quinine.

Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, 2 grains, after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromides are serviceable when the nervous system has been irritated; when it is exhausted they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of 30 drops, largely diluted, three times a day, after eating, or phosphide of zinc, $\frac{1}{10}$ grain, in pill, three times a day.

Arsenic, as a nerve tonic, stands next in value to zinc. Dose, 5 drops of Fowler's solution three times a day, after meals.

Galvanism is sometimes valuable, but by no means a specific. The *constant current* should always be used, being careful to avoid too great intensity, lest amaurosis be produced.

Dr. T. Lauder Brunton, editor of the London *Practitioner*, says: The administration of a brisk purgative, or small doses of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid processes on which it depends seem to be checked, and the headache, removed even more effectually, by nitro-muriatic acid, diluted, 10 drops in a wine-glass of water, or bicarb. soda, 10 grains, in water, before meals. If the headache be immediately above the eyebrows, the acid is best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time that the headache is removed, the feeling of sleepiness and weariness, which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer in the London *Lancet* remarks: At the Middlesex Hospital, female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefited, if not cured, by the administration of 10 minim doses of tincture of Indian hemp, three times daily, between the attacks. This is well worthy of trial in those cases of ever-living, never-dying martyrdom-like suffering.

In headache due to determination of blood to the head and in fever, the following simple treatment is to be commended:—

Put a handful of salt into a quart of water, add an ounce of spirits of hartshorn and half an ounce of spirits of camphor. Cork the bottle tightly, to prevent the escape of the spirit.

Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

Soaking the feet in very warm water, in which a spoonful of mustard has been stirred, is also beneficial in drawing the blood from the head.

Two teaspoonsful of powdered charcoal well stirred in half a glass of water and drank at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc.

Tincture of nux vomica is recommended by Ringer as possessed of real curative powers, when given in drop doses, repeated every 5 or 10 minutes, for 8 or 10 doses, and then continued at longer intervals, for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.—*Boston Journal of Chemistry*, Sept. 1880.

On Consulting Physicians.—The remedy which I see as most probable, and which I think most urgent in all countries, is the adoption by the medical profession of legal precedents and the establishment of a class of consultants, properly so called, corresponding to what we know here as Queen's Counsel; men who by their consent, and by the act of the head of their profession, have taken "silk;" that is, wear silk instead of "stuff" gowns in court, as the outward and visible sign of their professional rank. They are from that moment precluded from taking any case, except one of sufficient importance to have engaged the previous and simultaneous services of a solicitor and a junior barrister or "stuff-gown man," whose care it is to draw the pleadings, prepare the case, and to act with their senior and "leader." The Q.C. cannot appear except with a "junior," and his brief must be "marked" before he looks at it, with a fee, which is known beforehand, and which is never for any consultation less than five guineas. By a corresponding arrangement their services would become really consultants; their time would be amply paid by a small number of fees; they would not waste their experience, matured skill, and lessened energies in trivial cases; they would hold a pro-

portionately dignified and useful position; they would have more time for teaching, writing, and hospital-work; they would not compete, as they do now, cruelly with young practitioners struggling for a crust but bound to charge the guinea-fee. Who will begin such a reform, and upon which side of the Atlantic shall it be initiated? With your freer institutions, less rigidly modeled rules, less severely imposed traditions, there is perhaps most room for hope of early reform in your great cities. Here we see men like Jenner, Gull, Henry Thompson, Wilson, Fox, Paget, Reynolds, retiring in the early prime of life from their important positions as teachers, investigators, and hospital physicians, because they must guard the guinea well from morning till night. They lose their position in science; they are no longer the advance-guard of progress; they have no time to study questions either of science or of medical polity; they boast of going little into society, of seeing patients from eight in the morning till eight at night, of rarely seeing even their children. They are the slaves of every one who comes with a guinea in his hand. They become disgusted with the bondage to which they serve their whole lives; and they rarely bring up their children to a profession which they have found (and have made) so toilsome to themselves and so little dignified in the world. This is the state of things in the Old World. Can you do nothing to redress the balance in the New?—*London Corr. Louisville Med. News.*

The Treatment of Empyema.—Antiseptic treatment of this disease is at present fashionable, but more has been claimed for the method than we think it deserves. We give the following contribution to the subject from the *Medical Times and Gazette*:—

Antiseptic surgery has done much to render success more certain, but the antiseptic dressing of an empyema, and the insertion of a drainage-tube give trouble, and a simpler plan has been long a desideratum. The siphon trocar, as used by Dr. Douglas Powell and others, is sufficiently simple, but is open to the objection that if the chest is washed out after drawing off

the pus, the same tube being used for both operations, septic matter is liable to enter and infect the pleural cavity. Most of Dr. Goltdammer's cases were treated by incision under the spray and antiseptic dressing, resection of part of a rib being performed in several. The last case, however, to which he refers in his lecture was treated by a new method, recommended by Dr. Kashimura, assistant to Professor Baelz, of Tokio, Japan (*Berliner klin Wochenschrift*, No. 3, 1880), and which is the simplest imaginable, consisting in puncturing and evacuating the pleural cavity, washing it out freely with an antiseptic liquid, and *then allowing the opening to close.* The instrument (figured by Dr. Kashimura) consists of a canula provided with a stopcock, which closes its outer end after the withdrawal of the trocar, and with two lateral openings to which india-rubber tubes are attached with spring clamps, so that either can be closed or opened at pleasure. Before tapping, these tubes are filled with thymol-water and clamped. When the instrument has been introduced, the stopcock is closed, and one of the tubes, which dips into a vessel of thymol-water, is opened, and the pus allowed to escape. The first tube is then clamped, and the second, which communicates with an irrigator containing warm thymol-water, is opened, and the antiseptic allowed to enter the pleural cavity. It is then evacuated by the first tube, and the process is repeated until the wash-water returns uncolored. The canula is then withdrawn, and the opening closed. Of course the whole of the instrument is assumed to be thoroughly disinfected before use. The cases hitherto treated by this plan, though not numerous, are eminently satisfactory; all have re-recovered. Dr. Goltdammer tapped a woman aged forty-one, in a state of great prostration, with an empyema of a month's standing, and removed seven hundred to eight hundred cubic centimetres of pus. About two litres of thymol-water were used to wash out the cavity. She was operated on on February 19, 1880; *eight* days afterwards all traces of the effusion had disappeared, and there was no return of it later on. The patient, who had entered the hospital with extreme cyanosis, and with orthopnœa, ascites, extensive anasarca, and slight albu-

minuria, as well as an unresolved pneumonia of the right base, to which the empyema was secondary, had entirely recovered, even to the restoration of clear percussion and vesicular breathing over the whole right side, on April 10. It is needless to enlarge on such a result. A few years ago, however, we may remark in passing, it would have been considered miraculous. Now, thanks to the antiseptic method, whose beneficent effects are making themselves felt in every part of the field of surgery; we scarcely wonder at it. We recommend the special mode of its application above described to the attention and imitation of our readers.—*Boston Med. & Surg. Journal.*

Convulsions.—In ordering opium the mother might with safety be told to give the baby over four months old, paregoric, with explicit directions concerning size of dose, to be repeated every half hour until the convulsions are controlled or a physician should arrive. If under four months old, Dr. Smith prescribed a teaspoonful of a mixture containing in each dose one grain of bromide, chloral, and bicarbonate of soda for the youngest infants. It was conveniently prescribed in warm sweetened water. Double the quantity might be given every hour or two to children from six weeks to four months old, according to the frequency and violence of the convulsions. Dr. Smith rejected the hot bath in the treatment of convulsions, for almost invariably the child had one or more convulsions while in the bath,—the very agitation incident to giving the bath adding to the excitement of an already disturbed nervous system. The author insisted, too, that the child should not be restrained while in the convulsion; that it should be placed upon a bed that did not squeak; that the room should be kept perfectly quiet, have plenty of fresh air, be partially darkened, contain only one person at a time; and that opening and shutting of doors should be avoided. Over-active treatment is uncalled for and dangerous. —*Boston Med. & Surg. Journal.*

The Treatment of Asthma.—"Nothing but the correct knowledge of the pathology of asthma shows the means of speedily and safely relieving the paroxysms, and of

preventing their recurrence. It alone guards against the indiscriminate administration of the most useful remedies; for, unless they be given in suitable circumstances, in sufficiently large doses, etc., the benefit they are capable of producing is unattainable. It lies in the nature of asthma that the treatment of the paroxysms should be paramount. No one who has ever witnessed an asthmatic seizure would for a moment hesitate to relieve the patient by any means in his power; and, however repugnant it must be to use preparations of unknown composition and unknown action—as are the various specifics recommended in newspapers—even their exhibition would be willingly connived at, provided there were no rational means for the attainment of the same end. But no specifics are needed. The remedies in general use suffice for every contingency. Of course, the *ideally* perfect treatment would be to apply such remedies as, by removing the urgent symptoms, would exert at the same time a favorable influence upon the disease itself. Unfortunately, the most reliable remedies in use are of so slow operation as to be practically useless during the paroxysm, because the patient cannot or will not submit to measures which do not afford immediate benefit. Only one remedy—jaborandi and its alkaloid pilocarpin—approaches more nearly than any other the above requirement. The powerful revolution which pilocarpin produces in the distribution of the blood must necessarily have a very beneficent influence in some forms of asthma; for, by attracting a large volume of blood to the skin and to the salivary glands, and by diminishing its volume through the copious perspiration and salivation, the congested internal organs are relieved in a corresponding degree. An adequate conception of the pathological changes in the lungs, indicating the use of pilocarpin, may be formed by observing an analogous process in the lower extremities. In connection with varicosities, the leg at one time increases in circumference, the pale and dry tissue presenting a peculiar inelastic and spongy feel; at another, the enlarged leg has a dark brown color, and its tissues are apparently indurated; at another, in these circumstances, an ulcer developes itself. *Mutatis mutandis*, the same takes place in the lungs; only the interstitial changes in the lungs—in origin,

in nature and in progress precisely similar to those observed in the legs—are not amenable to diagnosis, unless they perceptibly diminish the volume of air, or interfere with its entrance or exit to and from the lungs by implicating the bronchi. Here, then, pilocarpin has the same effect as the bandages in varicosities of the extremities. Within a few minutes, the application of the drug is followed not merely by amelioration of the subjective symptoms, but by a corresponding improvement of the physical signs. Of course, a remedy that so powerfully exalts one function necessarily depresses another, and therefore its use requires some caution. But with a little attention the remedy can be safely and successfully managed. I have found the alkaloid preferable to the plant because (1) it acts more rapidly; (2) it does not produce stranguary; and (3) the dose can be more accurately determined. Those whose cardiac muscles are from whatever causes in a state of fatty degeneration, may, under the influence of pilocarpin, present the most alarming symptoms. However, the cause for alarm soon spontaneously subsides, the heart regaining its previous force; but if it lingered to do so, a subcutaneous injection of 1-120th or 1-60th grain of atropine immediately restores the balance. Pilocarpin is more suitable in the treatment of the younger asthmatics, but is by no means contraindicated in patients of more advanced age. The dose should not exceed one-third of a grain. I have never used more than ten drops of a two-per-cent solution. During the action of the drug, the patient should preserve the recumbent posture—which the almost immediate relief obtained will enable him to do—and he should be carefully watched until the effect has passed off. It is desirable to have the solution of atropine always at hand in case of need. It is well, also, not to use pilocarpin soon after the patient's meals, if the dyspnœal seizure occur under these circumstances, there are, it is needless to say, other remedies more suitable."—*Dr. Berkhart in Brit. Med. Journal.*

Neglected Symptom in Breast-Cancer.—Dr. Herbert L. Snow, Surgeon to the Cancer Hospital at Brompton, England, calls attention to a symptom which very commonly occurs in the course of breast-cancer, and on which

sufficient stress has not been laid. He refers to a thickening of the humerus on the side corresponding to the diseased gland, accompanied by tenderness on pressure. This condition obtains mainly over the trochanters and the upper third of the bone. On firm pressure the patient complains of tenderness, which extends for a variable distance down the shaft, beyond the part where thickening is apparent The movements of the arm are rarely interfered with, and the tenderness and thickening are never noticed by the patient before examination ; they are only detected by digital pressure and comparison with the humerus on the opposite side. Occasionally there is some thickening of the clavicle. The condition never advances to any very marked hypertrophy. Dr. Snow regards the " thickening" as due to a low form of periostitis, consequent upon deposit of cancer-germs in the medulla.—*London Lancet*, June 12, 1880.

New Method of arresting Gonorrhœa.—Dr. Watson Cheyne, in the British Med. Journal of July 24, 1880, has an article on this subject. His treatment is based on the hypothesis that gonorrhœa is due to micrococci. He says :

I have tried the two antiseptics separately and also combined, and I find that they are most effectual when used in combination (possibly because iodoform is soluble to a considerable extent in oil of eucalyptus, and is thus brought into more perfect contact with the mucous membrane). The formula which seems best is five grains of iodoform and ten minims of oil of eucalyptus in a bougie of forty grains. These bougies have been made for me by Mr. Martindale.

The specifie cause of the disease being eradicted by this means, the question of further treatment arises. It seems to me that although the development of the gonorrhœa is arrested, yet if the discharge be allowed to become septic and irritating urethritis might be kept up for some time. I therefore order an injection of boracic lotion (saturated aqueous solution boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time in-

jections of sulphate of zinc, two grains to the ounce, may be begun. At the same time the great tendency of the urethral mucous membrane when once inflamed to remain in a state of inflammation must be kept in mind, and every thing which might tend to koep up the inflamed state must be removed. Notably the patient must be cautioned against drinking, and it is well to order diluents and alkalies.

The method may be summed up as follows: The patient is first told to empty his bladder, partly to clear out his urethra and partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of the urethra closed by strapping. The bougie ought to be dipped in eucalyptus oil, or in carbolic oil (1 to 20) before insertion The patient is instructed to refrain from passing water if possible for the next four or five hours. If the case be severe and advanced he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun. At the same time the other points mentioned are attended to.

I have now used this method in about fifty cases, and in all the result has been the arrest of the progress of the gonorrhœa. For a day or two the purulent discharge continues; but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours. In fact the case becomes no longer one of virulent gonorrhœa, but one of simple urethritis, rapidly progressing toward recovery if properly treated.

I have used this treatment only in the early stages of the disease, from the first to the seventh day after the commencement of the symptoms; but it has answered equally well in all.

Wound of the Brachial Artery Treated by Martin's Bandage.—A patient came to my office five days ago with a wound in the brachial, made by a knife; the opening was about one-third of an inch in length. Although seen within fifteen minutes after the accident there was already a tumor as large as an hen's egg and a considerable swelling in the neighborhood of the wound. Instead of ligating the bleeding, spouting vessel, it was suggested to try the effects of elastic compression. Martin's Bandage was applied, the hæmorrhage was immediately under control, and there has been none since. The bandage was applied tight enough to keep down inflammation, prevent further effusion of serum or plasma and to lessen the supply of blood to the arm. It has been removed every other day and readjusted, compression being made upon the artery above the cut during the dressing. Here may be a new field of usefulness for this bandage. In this case at least it appears to have been successful. It is now five days—repair is positive. The ordinary treatment here would have been a double ligation—a ligature above and below the site of the incision. Left without treatment the patient would have perished from repeated hæmorrhages or a traumatic aneurism might have been formed—what is called in this country a false aneurism.—*Prof. Dawson in Cin. Lancet & Clinic.*

Petroleum in Phthisis.—Crude petroleum deservedly ranks next to cod liver oil in the therapeutics of tubercular and scrofulous diseases of the respiratory apparatus. As yet the knowledge of its properties is largely empirical—the results of clinical observations rather than of theoretical conclusions, or of hypothetical deductions. It is unquestionable an alterative; an agent which modifies molecular morphology, which impresses those functions by which the non-living is endowed with vital attributes, and by which the integrity of the nutritive fluid is maintained. Improved digestion is one of the earliest indications of its effects. It gives strength to the stomach. Food which had previously nauseated that viscus, is kindly received and promptly digested. The appetite becomes

more active; inconveniences, such as gastralgia, acid eructations after eating, and heartburn, are either dissipated or ameliorated. If the patient has been losing weight and strength, the loss is often arrested, and occasionally it is both astonishing and gratifying to witness the transition from decided emaciation to rapid recuperation—the patient losing the haggard, wan and death-like expression, exchanging it for the hue and glow of health.

Cod liver oil is highly injurious in the febrile and inflammatory stages, extending inflammation, and hastening morbific results, favoring hæmorrhage, and only potent for mischief. Under similar circumstances, the hypophosphites are nearly as objectionable, especially the combinations of those containing iron; while petroleum is a decided antiphlogistic, quieting the excited heart, correcting the deranged condition of the capillaries, thus lessening vascular congestion and removing the fuel of inflammation. This property of petroleum is very decidedly manifest in the benefit in confers upon the catarrhal elements of the various forms of phthisis. Frequently after trying the various anodynes to relieve a harrassing cough, without any apparent advantage, the physician will give up in despair, and conclude it is useless to attempt its control. But if he will even then place the patient upon petroleum, he will often find that the cough is rapidly diminished, the expectoration becomes less abundant and more natural; the nights, heretofore spent in agony, bring quiet and refreshing sleep; the pain and soreness in the respiratory apparatus disappear; the lung and bronchial cararrhal symptoms are brought in abeyance, and the general amelioration is well marked. Valuable as it is as an alterative, tonic, antiseptic and expectorant, its disagreeable odor and taste are formidable obstacles to its administration. The majority of patients will accept cod liver oil as less nauseous, and many will refuse to take the petroleum unless so combined as to mask its presence. This difficulty led the author to employ various devices to obviate it. He formed an emulsion with acacia, the yolk of eggs and sherry wine, flavored with the oil of bitter almonds, and succeeded so that the petroleum was scarcely discernible by taste or smell. It is so proportioned

that each tablespoonful will contain one drachm of the petroleum. This amount should be taken four times a day, after meals and at bed time. The difficulty, however, in obtaining this emulsion properly prepared, induced him to prescribe it with extract of malt, flavored with oil of sassafras. The majority of patients take petroleum in this manner without much remonstrance.— *Virginia Medical Monthly.*

Tapping Pulmonary Cavities.—Dr. Thompson, of London, in a paper on this subject (*Virginian Med. Monthly*, June, 1880), makes the following remarks: Pulmonary cavities may be broadly classed into two groups: 1, those which are found in the upper lobe of the lung, and which may be denominated *phthisical;* and 2, those which are formed in the base of the lung, and which are generally *pneumonic.* The first group—apicial or phthisical cavities—occupy preferably the upper lobe, secrete (?) matter of a peculiar nature, non-fetid, septic, but seldom distinctly purulent, although under the microscope degenerated pus-cells may be found. The peculiar characteristic nature of the matter is shown by its property of producing tubercular infection, when locally applied to pulmonary tissue. The second group—basic or pneumonic cavities—occupy only the lower parts of the lung, secrete a purulent, often a gangrenous matter, of overpowering fetor, which, when transferred to other parts of the lung, results, not in tubercle, but in pus. The first kind of cavity is invariably associated with firm and complete adhesions of the pleural surfaces in the neighborhood of the cavity. With the second form of cavity the adhesions are by no means so complete; bands of fibres may only tie down the opposite pleural surfaces, or the cavity may be associated with an empyema and absence of adhesion—a condition by no means rare. An illustrative case is then cited, and after some further considerations the following conclusions are presented: 1. Except for the introduction of local remedies, the puncture of an apex cavity can hardly be expected to lead to any good result. 2. The puncture of a basic cavity is demanded if the secretion be fetid, provided

there are reasonable grounds for supposing that the pleural surfaces in the neighborhood of the cavity are sufficiently adherent to prevent artificial pneumo-thorax. 3. The advantages to be gained by the operation are the ventilation of the cavity and the diminution of fetor, and especially the prevention of matter passing over to, and infecting the sound lung.—*N. Y. Med. Record.*

An Epidemic of Favus affecting simultaneously Cattle and Children.—Dr. Gigard reports the occurrence of this epidemic in a village called Nantoin, in the Canton Côte Saint André (*Lyon Médical*, Aug. 15.) Porrigo favosa had existed for several years in the village, but the inhabitants had been heedless of its presence. Many cows were suddenly affected, and at the same time the disease manifested itself among the children. The original culprit, according to the writer, was a calf, which in a somewhat roundabout way communicated the disease to the village cows, and hence to the children.—*Med. Record.*

Anæsthesia by Rapid Respiration.—Dr. Benjamin Lee relates in the *Philadelphia Medical Times* several cases in which an analgesic effect was produced by rapid and forcible respiration. It is a method that has been employed successfully for some time by Dr. Bonwill, a dentist of Philadelphia. Dr. Lee's cases were those in which abscesses were opened or teeth extracted. Analgesia was not produced in every case, but it was brought about often enough to show that the effect is a genuine one. The respirations have to be kept up for a minute or more.

—The harm Tanner's fast has done is thus depicted by a Frenchman: "This prodigious fast will not fill the stomachs of the starving. There is no need to make such experiments; the wretched make them every day. Dr. Tanner has done the poor a great deal of harm. The familiar appeal, 'My God, sir, pity me; I've eaten nothing for two days,' will never more have any effect on us."—*American Practitioner.*

CANADA

Medical and Surgical Journal.

MONTREAL, NOVEMBER, 1880.

LONGUE POINTE ASYLUM.

L'Abeille Médicale takes exception to some of our remarks concerning the medical management of this Institution. We are there represented as having virtually said—The attending medical officer is not salaried by the Government, *ergo*, he is not an expert. Now, we said no such stupid thing, and would refer to the articles in question in support of this assertion. The two statements made simply were—1st, That the officer in question possessed no special knowledge of mental disease and its treatment, and should not therefore be entrusted with the sole irresponsible medical charge of 700 lunatics; and 2nd, That his appointment was derived from the nuns, and that therefore, in cases where their interests were concerned, he would always be open to the suspicion of not being an untrammelled agent. It is hard to see how any one with a knowledge of the English language could accidentally distort these sentences as done by *L'Abeille Médicale.*

We consider it a part of the duty of public journalists writing in the interests of the medical profession, to support the worthiness of that calling, and to oppose anything in public institutions which tends towards permitting the perfunctory performance of important public duties by officials who, there may be good reason for believing, have not the necessary requirements for their fulfilment. It was simply from this motive, and none other, that we referred to the present appointee. We did not think that the proper training for the medical superintendent of a large Provincial Lunatic Asylum was the routine followed for a few

years in a rural practice on the island of Montreal. We still think that in making a selection for this appointment, some attempt should have been made to find a suitable man, and not make the chief, if not the only, ground for preference the fact of residence at the time in the neighborhood of the Asylum. It is because we have faith in the great service to the community which it is competent for an able superintendent to render that we spoke as we did. We do not think it a matter of indifference whether he be an experienced alienist or one with no more knowledge of insanity than that very limited amount possessed by any graduate, and picked up by attendance at a course of medical jurisprudence. One would hardly expect that such an apparently axiomatic statement would meet with opposition, at any rate, from medical journals. But such is the case. *L'Abeille Médicale* and the nuns avowedly prefer having their trusted officer free from the contaminating influence of an excess of knowledge on matters of Lunacy! as witness what is said, "The Lady Directresses understood quite well that it was more to the benefit of their patients to be under the care of a reputable physician than to be treated by one who has had long personal experience in the management of mental disease." That is their opinion, endorsed by the journal defending them. Comment is unnecessary. We would not insult the good sense of the medical profession of this Province by believing that this truly novel notion is shared in by any other than the editor himself.

We have not reflected in any way upon the general management of the Asylum, and cannot therefore see for what reason *L'Abeille* quotes the report of a recent grand jury that such management is good. Surely it does not wish us to infer that the members of a grand jury are able from an afternoon visit—or perhaps any number of visits—to tell us whether the mental therapeusis of the establishment is what it ought to be. The carrying out of such therapeusis in a large Asylum is a trust of the greatest importance, and most confidential. All we ask is, Have the medical profession of this Province the confidence here indicated? When this has been answered in the affirmative, we shall confess ourselves fully satisfied.

LAVAL UNIVERSITY IN MONTREAL.

The feud between the two French schools of this city has assumed a new phase. The *Ecole de Medecine et de Chirurgie de Montreal* has taken high legal advice as to the status of the *succursale* of Laval University in Montreal. The opinion obtained is that of Sir Farrer Herschell, one of the Law officers of the Crown. It is entirely in favor of the pretensions of the *Ecole*, and as completely against the assumptions of Laval. On the strength of this support, a formal notarial protest has been served upon the Rector and Corporation of the latter University, bidding them desist from the teaching of medicine in Montreal. This has been, on their part, met with a bold front and with reassertion of the legality of their proceedings in establishing the new Faculty in this city. It would be idle to attempt any argument upon the merits of the case, as it is a purely legal matter bearing chiefly upon the interpretation placed upon the words of the University's charter. As it now stands, we are likely to have the dispute settled by an appeal to the highest public tribunals.

ONTARIO MEDICAL ASSOCIATION.—Talked of for some time, we learn now that steps are being taken to organize a Medical Association for the Province of Ontario. The movement is said to be receiving very general support. A meeting of the profession in Toronto has been held, when a committee was formed, with instructions to communicate with local societies and ascertain the views of members on the subject. We would be glad to see such an Association formed, and hope it may fulfil the expectations of its promoters in forwarding the success of the Canada Medical Association. At the same time, we have heard doubts expressed as to whether it may not in reality operate rather in an opposite direction.

DR. BEARD AND SEA-SICKNESS.—Dr. Beard of New York, he of neurasthenic fame, recently published a small work on "Sea-Sickness." Since then he has crossed to England in the *Germanic*. With thoughtless zeal he appears to have prescribed his

favorite treatment to many of the passengers, ignoring entirely the surgeon of the vessel. His conduct brought out a letter from the justly offended officer, which in turn has called forth a storm of indignant communications in the British journals. As presented to us, the conduct of Dr. Beard appears to have been most discourteous, and he has deserved the punishment suggested for him by one of the correspondents, viz., sending him to Coventry till an apology is offered to him he has offended. We may say that from a number of trials of the treatment suggested by Dr. Beard—bromides and atropine—which we have had made during the past season, we have concluded that it has very little, if any, control over *mal-de-mer*. Some of the persons who tried it faithfully were even sicker than they had been during previous passages.

GRIEVOUS WANT AT GUY'S.—From a letter penned by Mr. R. Clement Lucus, assistant surgeon to Guy's Hospital, it appears that the management committee of that institution does not include even one medical practitioner! Such a hospital committee exhibits a pretty close resemblance to a Board of Admiralty, once possible, consisting exclusively of landsmen, who, in their official capacity, must be necessarily often at sea. A committee charged with the management of a hospital ought to be in some measure capable of understanding matters of medicine and surgery; but how can it, when it does not comprehend a doctor?—*Punch*. [Why should we persist in following an example thus held up for warning?]

MEDICAL TARIFF.—The following is the proposed medical tariff as adopted unanimously by the Governors of the College of Physicians and Surgeons of the Province of Quebec, representing the medical profession, respectfully submitted for the approbation and sanction of His Honor the Lieutenant-Governor in Council:—

Visits from 8 a.m. to 9 p.m., not exceeding half a mile	$ 2.00
Visits from 9 p.m. to 8 a.m., not exceeding half a mile. Not to exceed.....	4.00
Visits, each additional mile in day-time.....	50
Visits do do at night.....	1.00

Detention a whole day	20.00
do a whole night	25.00
Ordinary office consultation with prescription	2.00
do do do do do at night	3.00
Consultation with special examination	5.00
do with a practitioner	5.00
do by letter between practitioners	10.00
Ordinary certificate of health	5.00
Special do attested with report	8.00
Certificate, with report on disease and death	5.00
Post-mortem examination external	5.00
do do with sectio cadaveris	10.00
Ordinary case of midwifery (subsequent attendance extra)	15.00
Turning, application of forceps, extraction of Placenta, (Subsequent attendance extra)	30.00
Miscarriage, premature confinement (subsequent attendance extra)	15.00
For attendance with a midwife in all cases the charge is the same as for delivery	
Catheterism, ordinary cases	3.00
do each subsequent operation	1.00
Vaccination, Bleeding, Extraction of teeth, Hypodermic Injection, etc., etc	1.00
Introduction of stomach pump	5.00
Application of cupping glasses, leeches, setons, moxa, plugging, etc., etc	5.00
Chloroformization or other anæsthetics	5.00
Setting fracture of the thigh	25.00
do do do leg or arm	20.00
Reducing dislocation of the thigh	50.00
do do do leg or arm	25.00
Amputation of the thigh	100.00
do do leg or arm	50.00
Operation for strangulated hernia	100.00
Reduction of the hernia by taxis	25.00
Lithotomy or lithotripsy	200.00
Ovariotomy	500.00
Tracheotomy	50.00
Operation for cararact	100.00
Extirpation of the breast	50.00
Do of a tonsil	10.00
Amputation of fingers or toes	10.00
Capital operations not already specified	100.00
Minor do do do do	25.00

The above charges for surgical operations are for the operation only subsequent attendance and services are extra.

FOR MEDICINES AND DRUGS.

Mixtures and draughts, up to two ounces	25
Do do do 4 do	50
Do do do 8 do	1.00
Powders from one to six (1 to 6)	25
do do six to twelve (6 to 12)	50
Pills per box of one dozen	50
Do for each additional dozen	25
Lotions, Injections, etc., etc., 4 to 16 ounces	50 to $1
Liniments, Embrocations, etc., 4 to 8 ounces	50 to $1
Blisters and Plasters, according to size	50 to $1
Ointments per ounce box	25 to 50c.

When costly drugs or medicines are used the charge to be augmented according to value.

QUEBEC, 29th September, 1880.

Obituary.

S. B. SCHMIDT, M.D.

It is with much regret that we are called upon to chronicle the death of an old and highly respected physician of this city, Dr. S. B. Schmidt. His death occurred on the 4th inst., after a very painful illness of about four months, from cancer of the liver. Dr. Schmidt was born in 1826, and was therefore at the time of his death in his 55th year. He studied medicine at McGill University, and graduated in 1847. That was the year of the terrible ship fever imported into this country by the Irish immigrants. Dr. Schmidt at once took an active part in caring for these unfortunate strangers. He volunteered to the quarantine station, and there did, with others, excellent service in the cause of the sufferers. The virulence of the typhus was great, and he himself was one of the few physicians who survived that frightful ordeal. From that time he devoted himself to the practice of his profession in Montreal, and very soon gained a considerable *clientéle*. This kept constantly increasing, owing both to the skill he evinced and to the scrupulous attention and kindness shown to all his patients, so that of late years his practice had been both large and lucrative. Dr. Schmidt—a man of sterling worth—was one who not only enjoyed the public confidence to a large extent, but also continually held the respect

and esteem of his professional *confrères*. He had a high sense of the worth and dignity of the profession to which he was proud to belong, and always set up a high standard of professional honour. He was conscientious and scrupulous to a degree in all his dealings with other medical men. He always felt a warm interest in the welfare of his *Alma Mater*, and served in the capacity of Representative Fellow for the medical graduates for many years. Dr. Schmidt was continually active in good works, and as physician of the German Society, was the means of performing many an unostentatious act of charity. He was physician to two most important public institutions of the city, viz., the St. Patrick's Orphan Asylum and the Grey Nuns' Infirmary and Foundling Hospital—having served the former for 30 and the latter for 17 years. For 25 years he had been physician to the Seminary. In all these places his loss will be severely felt.

The funeral took place on Monday, the 8th instant, and was attended by an immense number of physicians and friends. *Requiescat in pace.*

—Among the many new preparations brought to the notice of the profession, none perhaps deserves more attention than Hazen Morse's Hydroleine, a preparation of cod liver oil. The efficacy of Hydroleine is, it is claimed, not confined to cases of phthisis solely, but it also has a valuable tonic effect on the system generally. We have been using Hydroleine for some time, with the most satisfactory results, and value it very highly for its nutritive and waste-preventing properties. We have also been using Maltopepsyn in cases of indigestion, with marked success.

—We direct the attention of our patrons to Geo. P. Rowell & Co.'s Newspaper and Advertising Bureau. By their energy, fair dealing and skill they have entitled themselves to the lasting regards of publishers and advertisers generally. We have received their American Newspaper Directory for 1880, which is a model of its kind.

—We beg to call the attention of our subscribers to Hegeman & Co.'s advertisement, which appears for the first time in this month's JOURNAL. We understand that they are the oldest house

in the manufacture of the Elixir of Calisaya, one of the most agreeable of tonics. Their preparations are too well known to need an extended notice from us. For particulars see advertising page, No. V.

Medical Items.

McGILL COLLEGE FACULTY OF MEDICINE.—There are 57 new entries this year, the largest number for some years. They are distributed according to Provinces as follows: Ontario, 27; Quebec, 10; United States, 8; New Brunswick, 4; Nova Scotia, 3; Prince Edward Island, 1; West Indies, 1. In all, 165 have enregistered.

MEDICO-CHIRURGICAL SOCIETY.—At the annual meeting recently held, the following were elected officers for the ensuing year:—*President*, Dr. Hingston; *1st Vice-President*, Dr. Wilkins; *2nd do.*, Dr. Osler; *Council*, Drs. Perrigo, Blackader and Shepherd; *Secretary*, Dr. O. C. Edwards; *Treasurer*, Dr. W. A. Molson; *Librarian*, Dr. James Bell.

AN UNCOMMON OCCURRENCE.—In Holland, three triplet brothers—a naval *employé*, a solicitor, and a postmaster—have just celebrated their 50th birthday, all being in excellent health.

MATERNAL IMPRESSIONS.—The following occurred in the practice of a Maryland physician, according to the *Dublin Medical Journal*:—"A lady, during pregnancy, carried with her a pocket edition of Moore's Poetical Works, which she read almost constantly. Her child, at three years of age, exhibited a most wonderful gift of putting sentences into rhyme; in fact, naturally expressed his little ideas and thoughts in flowing measure!" Blame not the bard—but a case like this shows how important is a well-assorted library to a gravid uterus.—*Brit. Med. Jour.*

LONDON FOGS.—Dr. Frankland, who has been studying London fogs, finds that the fogs occur in comparatively dry air, and that they cannot be considered as a sign of dampness. Their persistency in a dry atmosphere he has found to be due to a coating of oil, derived from coal smoke, upon the surfaces of the minute vesicles of water composing the fog, and which effectually hinders the evaporation of the water.

CANADA

MEDICAL & SURGICAL JOURNAL

DECEMBER, 1880.

Original Communications.

ON DISEASE OF THE MASTOID CELLS.

By F. BULLER, M.D., M.R.C.S.. Eng.

Lecturer on Ophthalmology in McGill University; Attending Physician to the Ophthalmic and Aural Department Montreal General Hospital.

(Read before the Canada Medical Association, at Ottawa, September, 1880.)

Mastoid disease has attracted so much attention within the last few years, that I feel no small amount of diffidence in offering my own experience in a field of labor so thoroughly cultivated as this has been. Indeed I should decline to take up the time of the Association with this subject, but for the fact that I believe most of the work recently done with a view to increasing our knowledge concerning the morbid conditions so commonly met with in the mastoid region has not yet found its way into general medical literature, and is therefore hardly accessible to the profession. I purpose giving a brief account of my own observations during the past eighteen months, derived from a total of about 550 cases of ear disease. I am not prepared to say whether the twenty cases of mastoid disease met with in this total represents the usual proportion as compared with other ear affections, but I must admit that if they do, mastoid disease is of far more frequent occurrence than I had ever supposed it to be. The first series of cases may be classed as external secondary inflammation of the mastoid.

Case I.—A pale, worn-looking woman, 39 years of age, suffering from purulent otitis media of four months duration, with large perforation of each drum-head. The ear disease came on

suddenly, after parturition. First seen June 29th. During the past month had suffered considerably from pain in the head and ears. For several days the pain has been intense. Ears discharging freely, moderate swelling, and extreme tenderness over each mastoid.

Three leeches were applied behind each ear, and the assiduous use of moist warmth enjoined. Quinine was given in 3-grain doses every six hours. Complete recovery ensued in a few days, and the discharge from the ears ceased after three weeks treatment.

CASES II., III. & IV.—Very similar to case I., except that only one ear was involved. Two of these had for a long time been affected with chronic purulent otitis media. The acute outbreak was attributed to having taken cold. In the other case, mastoid symptoms came on some two weeks after an attack of acute purulent inflammation of a previously healthy middle ear. The early use of leeches and moist heat promptly arrested the disease in all three.

CASE V.—Was rather more severe than the preceding four, a periosteal abscess having already formed when the patient presented herself at the Hospital. The history, if correctly given, makes the case somewhat remarkable. I am in doubt whether it should not be classed as *acute primary external mastoiditis;* if not, then I have never met with this variety of mastoid disease. The history was briefly as follows: The patient, a widow, æt. 32, in fair general health, was not aware of any ear disease until five days before she came to the Hospital. The first intimation of any such trouble was an attack of pain, with soreness behind the ear; in the latter situation, swelling soon occurred. The pain and swelling were moderate in degree; constitutional disturbance very slight. On the other hand, the amount of ear disease was quite inconspicuous; auditory canal somewhat hyperæmic; drum-head slightly injected and thickened at periphery; air entered tympanum by Poitzer's inflation, with a moist sound and with the immediate effect of improving hearing from 2/40 to 13/40. The integument behind the ear was of a dull red color and boggy; the swelling sufficient to quite obliterate the post-auricular sulcus. There was unmistakable

fluctuation over the mastoid. An incision evacuated a large quantity of healthy pus. The wound was kept open with lint and poultices applied. Two days later the wound was still discharging freely, and the case to all appearances doing extremely well. About ½″ above and behind the external meatus a small area of rough bone could be felt with a probe.

The patient did not present herself again, but probably made a satisfactory recovery.

CASE VI.—An otherwise healthy child, 3 years old. Acute purulent otitis of four days' duration; perforation of membrana tympani; copious otorrhœa; integument behind auricle and adjacent parts moderately swollen. Relieved with leeches and poultices. Severe pain with swelling returned three days later. A free incision to the bone was made; the bone appeared healthy. In the course of a week all inflammatory symptoms had subsided, the wound was nearly healed, and the ear discharging but slightly.

CASE VII.—A delicate male child, five years of age, quite recently recovered from measles, which had given rise to a free discharge from the left ear, with perforation of the drum-head and a swollen meatus. Seen for the first time in consultation with the family physician on 7th of April. Three days previously a swelling had appeared over the mastoid; the integument was red tense and shiny, and there was distinct fluctuation. A free incision gave vent to a large collection of pus; the wound was kept open with lint, and continued for a long time to discharge freely, as did also the ear. There is still a fistulous opening close behind the upper part of the attachment of auricle, from which several fragments of necrosed bone have been removed. The child has improved very much in general health, and does not appear to suffer any discomfort from the ear disease.

CASE VIII.—Brother of the preceding, æt. 2½. An exceeding puny child; ear disease identical, except that an incision was made twenty-four hours after the commencement of swelling behind the ear. The inflammation subsided rapidly, but the

wound is not yet entirely closed; there is probably a small focus of diseased bone.

CASE IX.—L. S., æt. 23, tall, fair, well developed, otherwise healthy young woman. Has had ear-ache on several occasions, but never any discharge from the ear until the present attack. The order of events was as follows: Severe pain in the ear for four days and nights, then otorrhœa and relief from the pain for ten days, then return of pain, deep in, and behind the ear, swelling and redness, with œdema of mastoid region; the swelling extends down the neck; hearing = 0/40, *i.e.*, watch not heard on contact; sharp febrile disturbance, free otorrhœa.

Active antiphlogistic treatment failed to arrest the malady; on the contrary, the symptoms became more grave and seemed to threaten cerebral complication.

Wild's incision was made. The tissues were found deeply infiltrated, but there was no pus.

Poultices were applied and changed frequently; recovery ensued slowly, and was further retarded by an attack of erysipelas of the head and face, which, however, fortunately avoided the wound. Six weeks later the drum was healed and of almost natural appearance; hearing excellent. In this case there was probably, at least, an intense and active congestion of the mastoid cells.

CASE X.—A man of vigorous constitution, but considerably reduced by a recent attack of typhoid fever.

Purulent otitis media set in during the early period of convalescence. This soon led to mastoid complication, which leeching and poulticing failed to subdue.

Performed Wild's incision a few days after the swelling over mastoid had made its appearance. The case went on well for about a week, and the wound was healing, but a return of the inflammatory process made it necessary to re-incise the part, cutting again quite freely to the bone. The effect of this procedure was all that could be desired. The mastoid difficulty now speedily subsided, though the ear continued to discharge until the case was lost sight of, two weeks after leaving the Hospital; there was then only a very small perforation near

the posterior edge of the membrane and only slight discharge; the hearing was steadily improving.

Deep seated, or internal secondary acute inflammation of the mastoid.

CASE XI.—W. T., æt. 4, a sickly infant, admitted into the Hospital in July, 1879.

Previous history not obtained. On admission, left ear discharging an abundance of fœtid pus, nearly complete paralysis of the left facial nerve; meatus narrow from swelling, granulations growing from its deeper parts. A probe detected necrosed bone in tympanum, which, however, was not loosened sufficiently to attempt its removal. The treatment consisted in thorough and frequent cleansing of the ear, with attention to the general health.

During the ensuing winter had two attacks of swelling behind and above the ear. The second only yielded after a free incision had evacuated a large quantity of pus.

Shortly afterwards some fragments of bone presented in the meatus, and were removed with fine forceps. One of these, about three lines in length, proved to be half of the margin of the finestra ovalis. The otorrhœa continues, though not anything like so freely as before. There is a fistulous opening, above and behind the meatus, leading to the carious bone, for the removal of which some operative procedure will probably be necessary. The child is too young to test the hearing power, but there can be little doubt it is utterly destroyed. The other ear, though discharging occasionally, is not much impaired in function.

CASE XII.—A girl about 9 years of age, presenting the usual signs of mastoid periostitis after acute suppuration of the middle-ear, was relieved for a short time by an early incision. This procedure had to be repeated before a permanent cure was effected. There was no caries or necrosis, a circumstance doubtless due to timely and efficient surgical interference.

CASE XIII.—A child four years of age, of French-Canadian parentage. Was brought to the Hospital in a

distant. He was free from pain, but the hearing had not improved, and there was still a slight elevation of temperature, a circumstance in itself of grave import. On the way home visited some relatives, and is reported to have taken cold again. On the fourth day after leaving Montreal was seized with a violent headache, and on the sixth day died comatose. There was no autopsy, but a comparison with the next case warrants the assumption that death resulted from acute meningitis.

CASE XVII.—A brief account of this case may be found in the CANADA MEDICAL AND SURGICAL JOURNAL for March, 1880, a synopsis of which is as follows:

J. W., laborer, æt. 35, was admitted into Hospital January 17, 1880. Delirious, paralysis of left side. One month ago ear-ache for a few hours, followed by discharge from the ear; resumed work the following day; discharge ceased in three or four days, and he felt well till nine days ago, when the ear-ache returned with extreme violence; two days before admission discharge from the ear recurred, but the pain kept on increasing and extended over the entire left side of head. He soon became delirious, and began to lose power in the left arm, there was no vomiting. On admission, free purulent discharge from the ear; mastoid region normal; constant talkative wandering delirium with intervals of half-stupidity; temperature 102°; pulse 96. Died comatose on the 19th, that is, the fourth day after the apparent onset of the head symptoms. The autopsy showed diffuse purulent meningitis, the origin of which was clearly traceable to the diseased ear. The anatomical peculiarities of this the temporal bone (the specimen exhibited) explain why there was no external sign of mastoid disease, and it will be seen that the operation of opening the mastoid down to the seat of disease could not possibly have been performed without coming in contact with walls of the lateral sinus, which curves so far forwards that only a thin diaphanous lamella of bone exists between it and the posterior wall of the external auditory canal, the cancellous bony structure in the vicinity of the posterior wall of the tympanum being thus completely sepa-

rated from the cellular structure in the more external portion of the mastoid.

CASE XVIII.—First seen July 17th, 1879. An exceedingly corpulent woman, 65 years of age ; never had ear disease before the present attack. During the past three months suffered martyrdom, from *neuralgia* in the right ear and right side of head. About a month ago the right ear began to discharge, and has continued to do so up to the present time. For the past three weeks has been unable to sleep at all on account of the pain, which nothing seemed to relieve. I saw the patient in consultation with the family physician, and at his request took charge of the case. There was perforation of the drum in lower posterior quadrant of the tympanic membrane, considerable swelling of meatus, free otorrhœa, mastoid region slightly swollen and tender. Leeching and other remedial measures were actively employed, but afforded only transient benefit. The swelling over mastoid increased, and there was severe constitutional disturbance ; several slight chills occurred. On the 27th, permission was with difficulty obtained to incise behind the ear ; an immensely deep incision was necessary, but a large quantity of pus escaped ; great relief ensued for about three days ; the pain then recurred worse than ever, radiating all over the side and up to the top of the head ; it could only be partly quieted by morphia. The patient refused to allow any further operation and she gradually lapsed into stupor. Whilst in this condition, as a sort of forlorn hope, the mastoid was opened in the usual way ; after cutting through a thick layer of very dense bone, softer tissue was reached, and pus welled out freely from the aperture in the bone. The operation failed to give relief, and the patient died comatose 48 hours afterwards. The autopsy revealed general purulent meningitis, with thromboses and purulent lymph in the lateral and inferior petrosal sinuses.

I quite believe the same operation performed a few days earlier would in all probability have been the means of saving the patient.

CASE XIX.—A gentleman about 30 years of age, of good constitution and uniformly excellent health, came to see me

some two years previous to the acute outbreak of ear disease, on account of a slight purulent discharge from the left ear, attended with a feeling of distressing fullness and discomfort in the ear and in that side of the head. The origin of the disease would appear to have been a sharp attack of ear-ache some twelve for fourteen years previously, which laid him up for about two weeks. He seemed almost to have forgotten the circumstance, but on close questioning admitted the ear had never been quite right since, though it had not troubled him sufficiently to render advice necessary until quite recently.

I found a moderate quantity of extremely fœtid pus and epithelial debris in the auditory canals, the walls of which when cleansed were seen to be thickened, smooth and red, but without a trace of ulceration or granulations. The drum-head was similarly affected, outline of malleus barely distinguishable; hearing $= \frac{1}{4}/40$; tuning-fork or glabella loudest in left ear. Inflated by Peitzer's method air entered the tympanum, but less abruptly than on the other side. Cleansing auditory canal always made the ear feel better for a time and slightly improved the hearing. The discharge resisted all treatment, and he finally contented himself with simply cleansing the ear out more or less frequently with warm water. A year and half later he came to me to see if any relief could be obtained from a harassing pain in the ear and side of the head, which for more than six weeks had tormented him day and night, but always worse at night than during the day. I found the ear in much the same condition as it had previously been, only the auditory canal was rather more red, swollen and sensitive; the swelling was greatest along the posterior walls, the mastoid normal. I made several incisions in the walls of the canal and encouraged the bleeding with warm water. The following night he slept well and was free from pain. During the second night the pain returned, and the next day I found him suffering intensely from pain in the ear and up the side of the head; there was also a good deal of febrile disturbance. Leeches and fomentations were of no avail, but half a grain of morphia secured a good night's sleep. The following day there was

nausea and vomiting, and no improvement in the other symptoms. On the fifth day, reckoning from the time when the first scarification of the canal was done, had a chill, and the symptoms were now so urgent that although there was no external evidence of mastoid disease, it was decided to cut down on the part, with a view to subsequently making an aperture in the bone. The little operation was performed under chloroform. Had a sharp rigor after the anæsthetic, and experienced no benefit from the incision.

On the seventh day had a third chill, and the symptoms were a combination of septicæmia and cerebral disturbacne. There was slight aphasia and great irritability. Now, for the first time, came some tenderness over the posterior border of mastoid. The wound was enlarged somewhat, and an aperture made with drill and scoop in the usual situation. After going through fully half an inch of very dense bone, extremely fœtid pus was reached, and flowed out in considerable quantity. It came from the immediate vicinity of the lateral sinus. The operation did not afford the relief that might have been expected, except to the pain; all the other threatening symptoms continued. On several occasions further portions of the mastoid were removed, until it was evident that a large part of the sigmoid portion of the lateral sinus was exposed and in a sloughy condition; sloughs were even removed from the sinus. A large abscess formed in the neck, and by pressure could be partially emptied through the sinus. Although at times the patient seemed to be doing well, the general tenor of the case was too evidently towards a fatal result, and on the thirty-fifth day he died comatose.

The *post mortem* showed complete obliteration of the left lateral and inferior petrosal sinuses, and a large abscess in the under part of the left middle cerebral lobe, between which and the inner extremity of the lateral sinus a direct connection existed.

Case XX.—A temperate and healthy man; had never suffered from ear disease until the present attack, which came on immediately after surf-bathing, at Long Branch, the water having been forced into his ears whilst going through a breaker. Aug.

20th, or six days later, he came to Montreal, and I found him the subject of an acute catarrhal otitis media without perforation of the drum. He improved under treatment, and returned to his home some ten days later. October 2nd, returned again on account of intense pain in the ear and temple. The drum-head was intact, but thick and red, there was swelling over mastoid and for a short distance down the neck. I incised the drum and performed Wild's incision. For two days the ear discharged freely and he felt quite comfortable, but during the night of the 4th of October violent pain returned in the form of an occipito-frontal neuralgia. He continued to grow steadily worse, and on the 11th it was decided to open the mastoid. This was done with drill and gouge, a large aperture one-half an inch deep and about the same in width was made; having reached soft bone, but no pus, it was deemed advisable to desist from further excavation and await results. The wound was filled with boracic lint and a poultice applied. There was but little improvement in the patient's condition for 36 hours, but at the end of this time he began visibly to improve, and in the course of a few weeks was quite well. At the present date the hearing is very good, the drum-head almost normal, and the seat of wound in mastoid only marked by a small scar.

To properly analyze these twenty cases would necessitate going much more completely into their details than my time will allow or your patience permit. I will therefore sum up my impressions in a few brief statements.

First. Acute secondary external inflammation of the mastoid is, when promptly and efficiently treated, not at all a dangerous disease. An incision should not be delayed more than twenty-four hours, if leeches, aconite and moist heat fail to arrest its progress. An early incision is especially indicated in young children, on account of their peculiar liability to necrosis or carious disease of the bone, and its extension inwards.

Second. It is not always possible to distinguish between acute external and acute internal inflammation of the mastoid, but the latter probably exists in any case of obvious mastoid inflammation if there has been a considerable period of severe

pain of a neuralgic character before the external signs of the disease have made their appearance.

Third. Some of the worst and most hopeless cases of mastoiditis do not show any positive external sign of their presence. It is just in these cases that an early diagnosis of pus in the bone is most desirable and yet most difficult. The presence of persistent and severe one-sided pain in the head, with co-existent ear disease of a catarrhal or purulent character, is very suspicious of deep-seated mastoid disease; a persistent slight elevation of temperature increases the probability of pent-up pus being present. Possibly the use of the surface thermometer over the mastoid would aid in the diagnosis.

Fourth. When once we are satisfied that pus has formed in the mastoid, it is our duty to open the bone without delay.

Fifth. The operation is not by any means always so easy as it is often represented, nor is it devoid of danger. Often a very thick layer of firm bone requires to be cut through, and sometimes the most skilful operator will necessarily come in contact with the lateral sinus.

In future operations, when the outer table of bone is firm and unyielding, it is my intention to use the dentist's drill (dental and surgical engine), as I feel confident it will do the work of opening the bone with far greater ease, precision, rapidity, neatness and safety, than any of the instruments usually employed for this purpose.

CASE OF PYOPNEUMOTHORAX SUBPHRENICUS (LEYDEN.)

By WM. GARDNER, M.D.

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[Read before the Medico-Chirurgical Society of Montreal.]

J. S., æt. 28, dark complexion, medium stature, slimly built, delicate-looking, sent for me for intense pain in the right iliac region. He gave a history of delicate general health, defective appetite, habitual constipation, and frequent attacks of pain in the region already referred to, the right iliac, with more than

usually troublesome constipation and general malaise. These attacks frequently lasted for four or five days, and confined him to bed, but he was not in the habit of seeking medical advice for them, and this was the first time that I had seen him. The pain was intense, caused him to groan, and was referred principally to the right groin, but radiated upwards and backwards to the right loin and downwards to the scrotum, but there was no retraction of the testicle. There was no tympanites, no tumor, as of fæcal impaction, to be felt; the bowels had been moved a short time previously, there was no vomiting, and no elevation of temperature. The pain was with difficulty relieved by hypodermic use of Battley's sedative solution of opium. These symptoms within a few hours developed into those of perityphlitis and then of general peritonitis: general abdominal pain and tenderness, marked tympanites and elevation of temperature. The patient was now leeched and had applications of turpentine epithems and poultices to the abdomen, the hypodermic use of opium being continued. Within forty-eight hours from the time when I was first called to him, the symptoms became aggravated to such an extent that Drs. Fenwick and Buller, who saw him in consultation, agreed with me that he could not survive more than ten or twelve hours. The pain and tenderness had indeed subsided to a large extent, but the pulse was very feeble and rapid, approaching 150 per minute, the eyes sunken, the general surface cold and bathed in a profuse clammy sweat; in short, a condition of collapse. After remaining in this condition for twenty-four hours, he gradually rallied, all the general symptoms becoming more favorable, and the pain, general tenderness of the abdomen and tympanites disappearing. There remained, however, persistent tenderness in the right iliac and lumbar regions. A feeling of fullness, not very marked, developed itself, but at no time was there to be felt anything that could be called a tumor or any fluctuation. The general condition improved correspondingly, the temperature fell, the patient was able to take some food, and the bowels moved spontaneously. Within a few days a stitch-like pain, with slight cough, developed in the right side of the chest in front, involving

the lateral and front parts up to the fourth rib. There was no dullness on percussion, no pleuritic friction sounds to be heard, but weak respiration sounds over the anterior and lateral parts of the right lung. This pain was easily controlled, but recurred several times. The hoped-for convalescence was slow in coming, the temperature occasionally rose, especially towards evening. There was no vomiting, but the tongue was red and smooth in centre, and furred at its edges. Slight diarrhœa was a frequent symptom. The patient remained very weak, being unable either to raise or turn himself in bed, from a lameness or general tenderness of the right side of the trunk. Gradually dullness on percussion developed in the base of the right chest, both back and front. Suddenly, about the end of the seventh week of his illness, and two weeks before he died, in the night, with sudden sharp pain in the right side, he began to cough up what was, from the description, probably pus, but was certainly soon replaced by what was shown me, a thin brownish fluid, having all the other characters of thin fæces. This continued to be ejected for some hours at short intervals, actual vomiting being occasionally excited by the ill taste and odor of the matters coughed up. When I saw him next day he was in a condition of semi-collapse, with a very frequent, weak, thready pulse, and cold, clammy sweats. On physical examination of the chest a remarkable change had taken place. The physical signs of air and fluid in the right thorax had developed themselves, in, however, a somewhat modified form. As the patient lay on his back, percussion of the right side gave forth from the third interspace downwards to the lower edges of the ribs in front and at the side a clear tympanitic note. Above the third interspace the note approached in character the ordinary healthy note. At the dependent part of the chest, as he lay on his back, the note was perfectly dull. By turning the patient on his left side, the limit of tympanitic note on percussion was altered. All the parts of the right chest now uppermost were tympanitic when percussed, showing the presence of air and a liquid. Nowhere, in any position, could the liver dullness be discovered; neither could the liver be felt by palp-

ation. On auscultation, weak, amphoric respiration was present from the third interspace downwards; on coughing, splashing sounds. Above third interspace the respiratory sounds approached in character the vesicular murmur of health. There was considerably diminished mobility of the right chest wall, which was quite sensitive to the pressure of the stethoscope. A normal condition of the intercostal spaces obtained.

During the last fortnight that he lived, the patient coughed up at intervals pus, and the thin, brown, stinking fluid above described. His general condition varied considerably, but was for the most part one of great debility, with frequent diarrhœa, the physical signs varying only in the character of the respiratory sound, which was not always amphoric, but occasionally distantly blowing in character.

On the morning of the day he died, my friend, Dr. Ross, saw him, and after examination agreed with me in the diagnosis I had made, viz., perityphlitic abscess communicating with the bowel, creeping up behind the peritoneum and perforating the diaphragm, and thus gaining access to the cavity of the chest and subsequently perforating the lung. His general condition was then more favorable than it had been on any day since the setting up of the pulmonary fistula. The same evening the cough and expectoration, which, indeed, was now rather a gulping up of the thin, fœtid fluid, returned, and in this paroxysm he died, exhausted and asphyxiated.

Autopsy, fifteen hours after death, performed by Dr. Richard McDonnell: Emaciation extreme; a bed sore over the sacrum; rigor mortis moderately well marked; chest and abdomen only examined. On opening the abdominal cavity the first thing noticed was the absence of the liver from its natural position. It was pushed upwards, backwards and inwards towards the spinal column, completely away from the right lateral and anterior chest wall, thus explaining the impossibility of either feeling or discovering it by percussion. To the outside and behind the cæcum an abscess cavity was discovered, having on its inner wall the appendix vermiformis containing a number of masses of inspissated, quite hard, fæcal matter. Two

or three openings existed between the cæcum and this cavity, one of them being large enough to admit the little finger. This cavity communicated by a narrow neck-like prolongation, extending upwards behind the peritoneum, with a very large cavity, probably as large as a child's head, bounded above by the diaphragm pushed up to the level of the third interspace; externally and anteriorly by the ribs, as far as their free edges; below and on the inner side by the right lobe of the liver, whose upper surface and free edge compressed, flattened, and rendered quite obtuse, formed part of the wall of the abscess cavity. The contents of this cavity were not pus, but a thin, brown-colored, stinking fluid containing flakes of curd of milk, and gas or air. The stomach was somewhat pushed over to the left. The transverse colon was somewhat displaced downwards. The right lung was much compressed, its lower lobe collapsed and closely adherent to the diaphragm; a series of perforations existed extending through the lung substance to the bronchi. There was no effusion in the right pleural cavity. The left lung was healthy; the heart healthy, a little displaced to the left.

The diagnosis was pyopneumothorax. At the autopsy gas and liquid were found in a region occupied anatomically in their normal condition by lung-tissue, but the containing sac was below the diaphragm.

So far as I know, the literature of sub-diaphragmatic abscess is as yet rather scanty. The most important article on the subject with which I am acquainted, and to which my attention was directed by my friend and colleague, Professor George Ross, of McGill University, is that by Prof. Leyden, of Berlin. This article, entitled, "On Pyopneumothorax subphrenicus and subphrenic abscesses," appears in the *Zeitschrift fur Klinische Medicin*, Band i., Heft ii. Prof. Leyden first discusses the symptoms and physical signs of sub-Phrenic Pyopneumothorax, then briefly refers to the few cases previously published.

The first is one observed at the Charité Hospital, Berlin, and published by Dr. Pfuhl, in the Berlin *Klinische Wochenschrift* for 1877. In this case, a young girl, who had symptoms

of right pleurisy, suddenly developed those of pyopneumothorax; paracentesis was performed, the liquid evacuated being exceedingly fœtid. Notwithstanding this unusual character of the evacuated fluid, Dr. Leyden, who saw the case, had no doubt of the correctness of the diagnosis previously made. The patient died fifteen minutes after the operation, although only 1,500 cubic centimetres were removed. At the autopsy, to his great surprise, the exudation was situated, not in the pleural cavity, but below the diaphragm, which was so strongly displaced upwards that the signs of true pyopneumothorax were closely simulated. The origin of the abscess in this case was a perforating ulcer in the duodenum. Pfuhl in this paper refers to two other cases, which were the only ones he could find recorded at that time, three years ago. One of these, by Wintrich, occurred at the Wurzburg Clinic, and was the case of a woman in whom the effusion took place on the left side, and originated in a perforating gastric ulcer. Here, also, a diagnosis of true pyopneumothorax was made. Termination, death.

The second case was that reported by Sturges. This occurred on the left side of the chest, and, as in the previous case, besides the displacement upwards of the diaphragm, there was also great displacement of the heart to the right side. This case ended in spontaneous recovery.

Dr. Bernheim publishes another case, in the *Revue Medicale de l'Est*, for the 15th December, 1878.

Dr. Sænger, of Leipzic, publishes an article in the *Archiv fur Heilkunde*, for 1878, based on three cases observed by him, ending fatally, and verified by autopsy. The first two cases resulted from injury—a fall and a blow, respectively. The third case resulted from perforation of an old gastric ulcer.

Levison, of Copenhagen, publishes a case, quoted in Börner's *Deutscher Wochenschrift*, 1878, No. 3, s. 32. This patient, a man of 22, was admitted to hospital with symptoms of peritonitis from perforation. A few days later the physical signs of pyopneumothorax became apparent—tympanitic percussion sounds and amphoric phenomena on auscultation. A diagnosis of pyopneumothorax, in consequence of perforation of the

diaphragm, was made. Tapping of the chest in the seventh and eighth intercostal spaces was actually performed; much gas, but no liquid, was evacuated. Death occurred shortly afterwards, and at the autopsy an abscess-cavity of the kind under consideration, containing gas and liquid, was found below the diaphragm and communicating with the stomach. There was no communication with cavity of the pleura, which contained neither gas nor liquid effusion.

Professor Leyden then records the cases observed by himself, which amount to three. The first case was on the right side, terminating fatally, and originating, as shown by autopsy, in a perforating duodenal ulcer. The second case originated in a perforation of the common bile duct, and also terminated fatally. The third case, which was left-sided, seemed to take its origin in perforating gastric ulcer, but there were also communications with the transverse colon. This case also terminated fatally, but the communication of the abscess-cavity with the bowel shows a possible way in which recovery might take place by evacuation of the contents of the abscess. Such may have been the mode of cure in Sturges' case, which recovered.

As Professor Leyden remarks, the origin of these gas and pus containing cavities, the mechanism whereby they are formed is closely connected with the history of peritonitis from perforation, the great majority of the cases reported being actually connected with perforating gastric and duodenal ulcers. When perforation occurs, a part of the gaseous and fluid contents of the stomach or bowel escape into the abdominal cavity. These, principally in consequence of the rapidly developed tympanites, are pressed forcibly upwards and kept in the concavity of the diaphragm, and furnish the necessary conditions by the formation of adhesions for the development of abscess cavities of the kind here described, containing air and liquid. The situation of the abscess on the right or left side is determined by the site of the ulcer. Duodenal ulcers, and ulcers of the stomach near the pylorus, lead to abscesses of the right side. Gastric ulcers lying towards the left extremity of the stomach of similar formations on the left of the median line.

In the first of Sænger's cases, already alluded to, the origin was a traumatic perforation leading to the peritonitis. Professor Leyden alludes to the possibility of perforation of the appendix vermiformis, being followed by similar consequences in the shape of ulcers, but remarks that hitherto no example has been reported. I submit that the case I have just related furnishes the necessary instance. The origin of the gas contained in the abscess cavities under consideration is a point of considerable interest. That it must be derived from the lung or bowel in the case of communication of these viscera with the abscess cavity is evident. On the other hand, that the generation of gas from the putrifying fluid contents of the cavity does furnish a part must be admitted, as it certainly does in true pyopneumothorax. In my own case the superventión of tympanitic percussion note where previously the note was dull, immediately after the bronchial fistula was established, seems to prove that the origin of the gas was in the first instance from the external air through the lung.

The complete displacement of the right lobe of the liver from a position where it could be percussed or palpated, constitutes an interesting point of difference between my case and those reported by other observers. It was doubtless due to the origin of the abscess below and its peculiar course upwards behind the peritoneum.

The following, according to Prof. Leyden, are the points which, when available, will clearly establish the diagnosis between true pyopneumothorax and these gaseous and liquid accumulations beneath the diaphragm :—

1. The development of an illness following the subsidence of the phenomena of general peritonitis, as from perforation.

2. The formation of an exudation in the lower part of the chest, on either side, with symptoms of inflammation, pain, and fever, &c., but specially characterized by the absence of cough and expectoration.

3. Appearance of physical signs of pyopneumothorax in the lower part of the chest, tympanitic note down to the lower edges

of the ribs, dullness in dependent parts, absence of vesicular murmur and of vocal fremitus, presence of succussion sounds.

4. At the upper part of the chest, on the affected side, the lung can be discovered by the persistence of vesicular breath-sounds and vocal fremitus. The expansibility of the lung can be shown and its separation from the abscess cavity by the fact that deep inspiration will cause a downward extension of space of chest wall yielding normal percussion note and vesicular breathing.

5. The dull percussion sound which indicates the fluid exudation, changes it locality by altering the position of the patient, but this is true only of the lower part of the chest.

6. The signs of equally distributed pressure in the pleural cavity are absent or but slightly marked. The affected side of the thorax is scarcely increased in circumference; the intercostal furrows are not obliterated; the heart but slightly displaced to the opposite side. On the other hand, the liver is much displaced downwards in the case of those originating from gastric and duodenal ulcers. It can usually be felt in its new position.

7. In advanced stages, perforation through the lung, with sudden profuse expectoration of fluid of the characters described, will render the diagnosis certain.

CASE OF LOCALIZED EMPYEMA.

CARIES OF INTERNAL SURFACE OF RIBS—EXHAUSTION—DEATH AND AUTOPSY.

By THOMAS A. RODGER, M.D., Montreal.

J. C., aged 33 years, stoutly built, and of medium size, called upon me on the 16th of September, 1879, seeking advice concerning his lungs. On entering my office he seemed completely exhausted, countenance pale, almost waxy in appearance, and was suffering very much from severe dyspnœa.

On enquiry, I learned that during his boyhood he had always been of a delicate constitution; but up till the time of entering college, about fifteen years ago, nothing very definite had ever

attracted notice. During student life, however, he had severe attacks of renal colic, which were usually accompanied with retention of urine, and for the latter was catheterized on several occasions. About once a month he has had renal colic, for many years past, and nearly always passed fragments of calculus after these seizures.

Family history.—Father and mother are both alive, and in good health. No trace of any tubercular or malignant disease.

Early in the spring (May) of 1880, he contracted a pain in the left side, from having overheated himself in walking. This pain did not necessitate his giving up duty, but for the space of two or three weeks afterwards it was the source of considerable annoyance. Under the belief that it was rheumatic in character, he was advised to visit some mineral spring, and did so during the month of June. After having spent several days there, and also taken a few hot mineral baths, the pain in the side became very much intensified. He was removed home and placed under medical treatment. Does not remember having had a chill.

From what I could gather from the patient, I judged that his recent illness had consisted of an attack of pleuro-pneumonia, though he himself understood his ailment to have been an attack of bronchitis.

To-day, 16th September, found great local fullness immediately over the left breast, extending upward toward the clavicle, exceedingly firm to the touch, but not painful upon pressure; no œdema or cyanosis. Percussion gave dullness over the whole of the left side, with the exception of a small portion in the supra scapular region. Right side clear throughout. Ausculation, entire absence of breath sounds over the left front and side of the chest, and only a few bronchial râles heard posteriorly in the supra scapular region, above the spine of the scapula; absence of vocal fremitus. Right side, breathing highly exaggerated; heart, action is very rapid, impulse feeble, sounds normal, and no displacement; pulse 120; temperature 100°; urine, sp. gr. normal; no albumen. On measuring the chest, I find that the left half is fully two inches and a

half larger than the right. Very little cough at present, but had considerable cough during his late illness. Made a record of possibly pleuritic effusion, and ordered a mixture containing Tinct. Digitalis and Potass. Iodide, the front and side to be painted with Tinct. Iodine Co. B.P. Ordered also nutritious diet. At the end of a fortnight I found the patient's condition slightly improved, that is to say, he was suffering from less dyspnœa on exertion, and was able to go about the house with comparative ease and comfort. There is slightly diminished dullness in the infra-clavicular region, but no change posteriorly. Between the ninth and tenth ribs in the infra-scapular region complains of very considerable pain, which greatly increased upon pressure. Patient is still able to be up and going about, and is taking nourishment well.

October 7th.—Found on the left side of the chest a red-looking spot appearing, about the size of a fifty cent piece, about an inch and a half below the nipple. Pressure on this part also causes considerable increased pain. Has slept very little during the night for the past week, but cannot attribute the want of sleep to any excessive suffering. Prescribed a draft containing Chloral Hydrat gr. x., with Pot. Bromide gr. xx.,—to be given at bedtime, and repeated every four hours during the night if if necessary. Has been troubled for the past few days with vomiting after meals, but not attended with any pain in the stomach. Ordered him lime water and milk.

October 15th.—During the past week nothing very marked has shown itself in the condition of the patient; has taken his food better and no longer any vomiting. Tried stimulants, (port wine) but was forced to suspend using such on account of causing increased action of the heart and great feeling of uneasiness in that neighborhood. So far in the case the patient has not shown any preference in regard to position in lying, though usually he is found by attendants on his left side.

November 5th.—To-day I find that the redness referred to in the infra-mammary region has increased in size, is slightly raised above the surrounding part, has a peculiar bluish red appearance, and an uncertain boggy feel to the touch, not that

characteristic fluctuation such as we find in an abscess. We have also had for the past few days œdema showing itself, both in the mammary and axillary regions.

November 9th.—Having decided upon passing an exploratory trocar within the chest, I asked my friend Dr. Ross to accompany me to see the patient to-day. Dr. Ross, after carefully examining the patient, agreed that it would be well to puncture, consequently we passed the needle belonging to the hypodermic syringe in the sixth interspace in the infra-mammary region, as close to the inflamed and red-looking spot as possible. We failed to get fluid of any kind at this point, consequently thrust the needle through the next interspace below, but more posteriorly, again failing to get fluid.

November 15th.—Another spot of redness has shown itself since my last note, this time in the fifth interspace close to the side of the sternum. Poultices of linseed meal have been constantly applied in this region for the past week or ten days. Dr. Ross visited the patient with me again to-day, when we determined upon using the aspirator. Choosing the spot between the ninth and tenth ribs, in the infra-scapular region, I thrust deeply a medium-sized perforated needle, or sharp-pointed canula belonging to Dieulafoy's Aspirator, and again we failed to get fluid. I may here remark that the needle, when within the chest, communicated to the touch a peculiar sensation, as though having entered a solid mass. Removed the needle at this point and again passed it at the interspace between the eighth and ninth ribs, in the infra-axilliary region, but with no better result; no fluid of any kind. Pulse to-day is 120; temperature 100°.

December 3rd.—Patient down stairs to-day, and apparently no worse. Pulse 118; temperature 99 4-5°.

December 19th.—Thin serous discharge has taken place to-day from the spot in the infra-mammary region, but no sign of any pus. The opening, or openings rather, for there are several, through which this discharge has come, are very small, and present rather a sieve-like appearance. The discharge, though scarcely perceptible to the eye when looking at the openings, must have been considerable, the napkin applied

being well saturated. Has had very little cough lately, scarcely any expectoration, and never anything more than what was frothy in character. Has had to increase the dose of the chloral hydrat lately, in order to get any sleep at all.

December 28th.—To-day we found another red spot, this time in the infra-axillary region, on a line with the ninth rib. Firm pressure along the interspace, between the ninth and tenth ribs, causes considerable pain.

January 6th, 1880.—Up to this date four of these bluish red spots have appeared; all are on a line with the eighth and ninth ribs, and all near to the sternum, except one, in the infra-axillary region. These spots have now assumed the appearance of fungoid or cauliflower excresences, and two of them are now of considerable size. Passed a silver probe through one of these openings, but failed to reach or detect any diseased bone. The local fullness has diminished very much since the discharge has appeared, but yet we have dullness in front on percussion, and no vesicular sound can be detected.

January 15th.—Patient lately has been losing very much flesh, and not so cheerful; still, he is able to be up and out of bed every day, and takes his food remarkably well. The want of sleep is his chief grievance, and of late the dose has had to be increased until now ℈ i. every four hours will only produce about two hours' sleep in 24 hours.

January 24th.—Pulse and temperature have scarcely varied at all during the past month, the temperature never at any time exceeding 100°, and the pulse not reaching higher than 120; still the same watery discharge oozing from the excresences, and never at any time pus to be seen.

February.—During this month there has been slow but gradual retraction of the affected side, causing the patient, when standing, to appear slightly bent forward and leaning toward the left side. Again passed the probe several times of late directly inward to the depth of nearly two inches, and on either side of the opening literally to the extent of half of the probe. No diseased bone has yet been discovered. Thus far in the case there has been no œdema of the lower extremities;

nor has it been found that the patient, lying upon the right side, has caused œdema of that side, though œdema of the left side has existed now for some little time past. I have found that of late the patient inclines to rest more on the affected side, and states that he has more ease when in that position.

March 10th—Retraction and deformities of the chest well marked, the shoulder and the nipple on the left side being depressed. The scapula projects very prominently from the posterior surface of the chest. The spine also has taken a slight curve, the convexity being towards the sound side; and the affected side, which previously in the early history of the case was 2 inches larger than the opposite side, has now become a distinct concavity. There is yet no displacement of the heart, and the sounds are normal. Examined the urine again for albumen, but found none. During this month Drs. Howard, Hingston and Ross saw the case in consultation.

Dr. Howard strongly advised that we should cut down (antiseptically) and expose the eighth, ninth or tenth ribs. If found to be diseased, have them removed. This operation was proposed to the patient, but unfortunately was not agreed to.

About the beginning of April I again passed the sharp-pointed canula of the aspirator, this time between the eighth and ninth ribs in the infra-scapular region, but likewise failed to get fluid. The patient, shortly after this time, decided to go into the country, where I saw him twice, but did not perceive any change in his condition. During September he had an attack of diarrhœa, and died from exhaustion.

Autopsy.—Body considerably wasted; sinuses exist in the lower external and left hypochrondriac regions, in the latter a considerable surface of the skin bare and roughened. Left side of the chest looks somewhat flattened in front and smaller than the right. On opening the thorax, left lung is retracted and closely adherent to chest wall, so that it was with difficulty removed. In the lower part of the mammary and infra-axillary regions the pleura was greatly thickened and of cartilaginous consistence. Several small pockets, containing a greyish white fluid, existed in the adhesions in these parts. The pleura at

the back part of the lung was only a little thickened; on the diaphragmatic surface it was dense and cartilaginous. Section of the lung from apex to base showed the lower lobe in state of collapse, greyish in color and surrounded in the greater part of its extent by the dense pleura. There was no extension of the fibrous induration to the lung. The upper lobe was slightly crepitant. The fifth, sixth and seventh ribs were necrosed in their inner surface at the part corresponding internally with the dense pleuritic membrane and externally with the sinuses, some of which, however, had burrowed beneath the skin before opening. There was nothing of special note in the other lung or the heart. The left kidney was large, the pelvis dilated, and several calculi were found in the calyces and one at the orifice of the ureter.

CASE OF LICHEN SCROFULOSUM IN A FEMALE.

By FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S., Eng.
Surgeon to the Out-Door Department of the Montreal General Hospital
Demonstrator of Anatomy, McGill University.

The following case, both on account of its rarity and interest, I think worthy of being placed on record:—

Sophie B., aged 22, unmarried, well nourished and healthy looking, came under my care on the 20th April, 1880, suffering from a skin eruption of the hands, which had lasted for three years. She had been treated by various physicians without any improvement, for as fast as the old spots disappeared new ones came out. On examination I saw that the eruption was confined to the hairy parts of the dorsal surfaces of the first phalanges and the hairy parts of the back of the hands, and consisted of a number of groups of minute papules of a brownish red colour. Each papule surrounded a hair follicle; the papules were quite dry and the patient said, never ran water. Rubbing the hand over the eruption it felt exactly like a nutmeg grater. She told me that occasionally it was very itchy, but as there were no excoriations or black crusts of dried blood I judged that this could not be a prominent symptom. The lymphatic glands of the neck and submaxillary region were much enlarged.

Lungs, on examination, were perfectly healthy. Recognizing the case as one of *Lichen Scrofulosum* I prescribed cod-liver oil in doses of a tablespoonful three times a day, and also directed her to keep the oil continually in contact with the skin by rubbing it in several times a day, and covering the hands with woollen gloves.

In two weeks she returned, the eruption was much in the same condition, but in addition to the papules, several bluish red tubercles, characteristic of the disease, were seen, about the size of split peas, and some large pustules which she told me had commenced as these bluish tubercles. There were also numbers of pigmented spots, the remains of old papules. I advised her to continue the same treatment, and explained to her that the cure, though tedious, was tolerably certain. I forgot to mention that in addition to the eruption on the hands a few papules had come out on the extensor surfaces of the legs, to which I directed her to apply cod-liver oil.

I saw her again on June 1st, at which time her condition was much improved. The eruption had entirely disappeared from the right hand, leaving spots of slight discoloration; on the left hand the eruption was fading, and no new papules were coming out, the only parts affected were the back of the first phalanx of the thumb and the back of the hand near the wrist. The enlarged lymphatic glands in the neck were much reduced in size.

On June 22nd the eruption had entirely disappeared both from the hands and legs, and there was no return when last seen early in November. The patient, by thus persevering in Hebra's cod-liver oil treatment for three months, had got rid of an eruption which had tormented her for over three years.

Remarks.—Hebra was the first to describe this form of Lichen which he always found associated with a scrofulous diathesis. In his work on Diseases of the Skin*, Hebra states that he had seen over fifty cases, all in males, between 15 and 25, and that this eruption occurs chiefly on the trunk, being rarely seen on the limbs. Now this case is remarkable from

*New Sydenham Society's Translation, vol. II., p. 54.

the eruption being confined to the limbs, and also from its occurring in a female. The only other case I ever saw of Lichen Scrofulosum in a female was under the care of Mr. Waren Tay at the Stamford Street Skin Hospital in London, and, strange to say, in this case also the eruption was principally on the backs of first phalanges and hands; it was associated, if I remember correctly, with general psoriasis. Having seen the above mentioned case, greatly facilitated my diagnosis in this one.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER CARE OF DR. ROSS.

Case of Typhoid Fever complicated with Gonorrhœa—Ascites —Death—Autopsy showing pyœmic lungs.—Reported by Mr. E. H. HEYD.

J. W., æt. 36, a well-nourished, large man, with a history of previous good health, but a hard beer-drinker and a subject of syphilis, with also a very recent history of gonorrhœa, was admitted into hospital on 13th of November, suffering from a relapse. After ten days comparative comfort, following a very severe attack of typhoid fever, lasting about three weeks, in the earlier part of which the symptoms were more like those of malarial fever, violent chills occurring daily and accompanied with high fever for about eight or ten days, after which the disease presented the more definite typhoid symptoms, diarrhœa and iliac tenderness being especially marked. On his admission into hospital, patient was in a very weak and feeble condition; tongue dry, brown, cracked and coated with thick fur about the edges; pulse frequent (132), weak and compressible; breathing hurried (32) and somewhat labored; skin warm and moist; temperature 102°; abdomen considerably distended; superficial veins prominent; evidences of considerable amount of fluid in abdominal cavity; no iliac tenderness. A slightly blowing character in the breathing is found at inferior angle of right sca-

pula and some fine moist râles (with inspiration) at right base; slight friction is also heard a little below and external to right nipple. Heart sounds very feeble; no murmur; no increased dullness. Liver dullness normal; slight increase in splenic dullness. Urine high-colored—sp. gr. 1020; amount not diminished; copious deposit of phosphates; no albumen, sugar or bile. Considerable tendency toward diarrhœa, five or six stools per day, very free and loose, and characteristic of typhoid. On the 15th November there was considerable vomiting of a bilious-looking fluid; looseness of bowels still marked; coughed to-day for first time; no expectoration; slight œdema about the feet. 17*th*.—Free epistaxis during the night before; breathing is more labored; moist sounds heard at bases of both lungs, most marked on right side; greater distension of abdomen and limit of fluid dullness is considerably increased. Patient's condition from this time became rapidly worse, breathing being greatly distressed with tendency to orthopnœa; bases of both lungs showed complete dullness on percussion, and moist sounds were very distinct; distension of abdomen also increased, and œdema of feet extended to ankles and legs. Patient sank rapidly, and died on the 21st November.

Autopsy.—Heart, slight atheroma at beginning of aorta; foramen ovale not completely closed: otherwise normal. *Lungs —Left*, near surface of anterior third of upper lobe are six or eight patches of pyœmic-like infarctions, purulent fluid oozing from them; the lower half of lower lobe is solid, and on section the lung is red and scattered throughout with numerous pyœmic foci. *Right* lower half of upper lobe is solid and airless, and on section is dark red and airless and scattered over with spots of suppuration; pleura over these is injected and covered with a thin fibrinous membrane. *Abdomen* contains about three pints of serous fluid; nothing special about position of viscera; *spleen* slightly enlarged, pulp soft and dark brown; kidneys normal. Liver large, substance firm (not cirrhotic); portal vein free. Stomach and pancreas healthy. *Intestines*—Jejunum healthy; ileum, the Peyer's patches in lower 3 feet involved, there being 6 or 8 ulcers in this portion of the bowel; they are

not extensive, occupying only a portion of each patch, the rest of which is swollen and injected; close to the valve the ulcers are not larger than a 25 cent piece; no sloughs. In the cœcum there is extensive ulceration, there being 15 or 20 circular patches the size of a 10 cent piece; muscular coat is fully exposed. In the appendix vermiformis, mucosa at outer end is much swollen, and there is an ulcer the size of a five cent piece, at the base of which a slough is still adherent; there are also numerous ulcers in the ascending colon and a few in the transverse. The mesenteric glands are moderately swollen. No satisfactory explanation could be found for the occurrence of the ascites or of the pyœmic blocks in the lungs, no source of infection being found but the ulcers in ileum, cœcum and colon.

Dyspepsia of long standing—Vomiting at will being a peculiar feature—Hydruria.—Reported by Mr. JAS. ROSS.

N. C., a rather poorly nourished young woman, aged 28, unmarried, of fair complexion and of a rather nervous disposition, was admitted into hospital on 14th September last. Her family history is good, with the exception of having had one brother who died at age of 30, and who had been subject to attacks of an epileptic character. The patient herself, although never very strong, yet enjoyed tolerably good health up to six years ago. Menstruation commenced at sixteen years of age, and was continued regularly up to age of twenty-two, since which time she has been very irregular, the flow returning at varying intervals of two, three, and four months, generally scanty in amount, but not attended with any uneasiness; at twenty-two years of age she began to suffer from constipation, loss of appetite, feeling of languor and weakness and occasional attacks of vomiting; this condition continued increasing during the following two years, and then she began to suffer from severe burning sensation in the stomach with sour eructations. Antacids were freely made use of, but with only temporary benefit. The so-called acidity of her stomach becoming increased to such an extent, and so much less relieved by the

remedies, she acquired the habit of *washing out* her stomach with large quantities of water. Her *modus operandi* is as follows: About two hours after taking food (which is retained without any difficulty), she begins to suffer from a burning sensation in the stomach, which she says is due to acidity, and which is accompanied by a strong desire to drink: she swallows about a pint of water, and after allowing it to remain a few moments in her stomach, places her hand over that organ, and leaning her body forward, vomits it up without any apparent effort. This performance is repeated until one, two, three, and even five or six gallons of water have been disposed of. She says she has been in the habit of doing this daily during the last three years, and that on several occasions she has vomited large quantities of blood, sometimes as much as a quart at a time. During the patient's stay in hospital frequent opportunities have been had for seeing the process by which she relieves her acidity. The vomited matters are semi-transparent, watery, and somewhat greenish yellow in color, and containing particles of partly digested food. No sarcinæ or torulæ found on microscopic examination; reaction is slightly acid, and the amount varying with that of the water consumed. The urine is clear, transparent and colorless, of low specific gravity, acid in reaction, and containing neither albumen nor sugar; it varies in amount, and with the vomited matters, corresponds nearly to the amount of water drank. From calculations made during eighteen days, it was found that the average daily amount of fluids taken was 255 fluid ounces; the average amount vomited was 146 ounces, and of urine voided 95 ounces, the specific gravity of the latter averaging 1006. On two or three occasions the patient vomited several ounces of a bright, bloody-looking fluid, which under the microscope shewed an abundance of red blood corpuscles, and which coagulated on standing; this was controlled by the administration of gallic acid.

Nothing abnormal is to be found on examination of abdominal organs, and lungs and heart are apparently in normal condition. Patient says that she has lost considerable flesh during the last six years, but no marked emaciation is apparent,

and beyond slight tendency towards a constipated state of the bowels and the annoyance caused by her frequent ablutions, her general condition is good. She remained some weeks in Hospital, but without material benefit from treatment.

Correspondence.

To the Editor of The Canada Medical and Surgical Journal.

Dear Sir,—Having lately seen the eulogistic reports of the Grand Jury on the Longue Pointe Lunatic Asylum, and having read your editorials on its management, I thought the following account of a visit I paid the Asylum two years ago, in company with another medical man, might prove interesting. It was a very hot day in July, and the thermometer registered not far from 100° F. in the shade. On entering the establishment we met Dr. Henry Howard, who kindly offered to show us through the building The first ward we visited was one on the ground floor, to the right of the main entrance. This ward had a very low ceiling and contained about forty male lunatics, although in our opinion there was only cubic space for about ten or twelve individuals. The atmosphere in consequence, on such a hot day, was anything but pleasant. The beds were arranged on each side in little partitioned spaces, each space containing two beds so closely placed that it was with difficulty a person could pass between them. There was a narrow passage down the centre of the room which constituted day-room, recreation room, and exercise ground; the patients of all kinds, violent, quiet, and morose, were lumped together. The violent, to remind them of their condition and of the prison-like character of the establishment, had anklets on their legs, connected together by heavy chains; this put one in mind of the good old times when convicts were sent to Botany Bay. The clanking of chains pleasantly varied the other discordant noises, which were chiefly vocal, and forced us to the conclusion that some of these individuals were dangerous criminals, such as murderers, &c., but, on enquiry, we were surprised to learn that they were merely ordinary lunatics.

From this ward we were glad to escape and went to others,

where a similar, if not worse, state of affairs existed. In one female ward we noticed a poor creature who sat in a chair, with her legs bound tightly to the lower bars by very narrow straps, and with her arms hanging straight down, fastened by cords to bolts in the floor; this poor girl literally could neither stir hand nor foot. Besides all this she was covered with flies, which, of course, she could not brush off, and this, remember, when the thermometer was nearly 100° in the shade. On asking what horrible crime this girl had committed, we were astonished to hear that she was thus cruelly treated to prevent her tearing her clothes, and so entailing the cost of a new suit. Another method commonly made use of in this semi-religious prison to prevent the destruction of valuable clothing, was to put them in straight waistcoats, of which many were observed. Indeed the number of these straight waistcoats I saw in use in this Asylum during this one visit exceeded the total number I have seen in the many lunatic asylums I have visited in this country and abroad. We were also surprised to learn that there was not a single padded room in the Asylum. No doubt it was too expensive a thing for the sisters to build, when the simplicity, durability and cheapness of manacles, chains and straight waistcoats were considered; besides these methods of restraint lessen the number of attendants and thus reduce the expenditure. On asking Dr. Howard why he allowed such cruelties to be practised on lunatics, he answered that he had no power to prevent it, that his only powers extended to the medicinal treatment; that the moral and physical part of the treatment the nuns considered beyond his province, and that they would not allow him to interfere. Would any one believe it that in this they were supported by our intelligent Provincial Government at Quebec, who evidently thought that the sisters were endowed with a heaven-born genius for treating the insane.

At the time I speak of no medical man resided in the Asylum, but Dr. Howard visited it every day as Government physician. Since then, as you are aware, a medical man who happened to be in the neighbourhood has been employed and paid by the nuns, and whose only knowledge of insanity has been obtained

from his employers by some sort of osmotic action, I suppose. The sisters were very polite, and drew our attention to the wonderful way in which the nun in charge of the idiot children (of whom there were great numbers) managed them, but here also we noticed that the space was very limited for the number of occupants of the ward, and that the beds were much too close together. With regard to cleanliness, next to economy, everything was subordinated to it; the kitchen arrangements were good, and here cleanliness even to excess, was not out of place, but I really do think that other virtues besides mere cleanliness are needed in the treatment of the insane.

I venture to say that this Lower Canada of ours is the only country in the civilized world where the lunatics of the community are farmed out to a society of persons at so much a head, and where the insane are treated on no system but that of restraint, and without the aid of a skilled alienist. Oh! that a French-Canadian Pinel would arise and persuade his fellow-countrymen to adopt a more humane system of treatment under skilled physicians. Dr. Howard is now the Government inspecting officer and has nothing to do with the treatment: he merely reports to Government the condition of affairs. I should like to ask why his reports are never published and submitted to public inspection; is it that the Government is afraid to print an honest report of the condition of affairs? If not, then why withhold them? Why do we not follow the example of Ontario and become the owners of our lunatic Asylums? Why do we not adopt a system of treatment more in accordance with the humanity of the 19th century, and cease to practise the cruelties common one hundred years ago in Europe? I pause for a reply.

I may say in conclusion that what we saw in our visit seemed to be of every day occurrence and little thought of. The building is built on no particular plan, and is not at all fitted for a lunatic asylum; it seems to have been erected more for convenience of the nuns and for the restraint of patients at the least cost, than for their comfort and cure.

I enclose my card and am, sir, yours very truly, MEDICUS.

P. S.—Since my visit to the Asylum two years ago, two new

wings have been built, so that now I believe there is much less overcrowding than formerly, but from all I can learn the same rigorous and cruel measures of restraint are in force.

M.

Reviews and Notices of Books.

A Treatise on the Diseases of the Eye.—By J. Soelberg Wells, F.R.C.S., M.D., Edin. Professor of Ophthalmology in King's College, London; Ophthalmic Surgeon to King's College Hospital, and Surgeon to the Royal London Ophthalmic Hospital, Moorfields. Third American from the third English edition, with copious additions by Charles Sherman Bull, A.M., M.D., Surgeon and Pathologist to the New York Eye and Ear Infirmary; Lecturer on Ophthalmology in the Bellevue Hospital Medical College. Illustrated with two hundred and fifty-four engravings on wood and six colored plates, together with selections from the test-types of Prof. E. Jaeger and Prof. H. Snellen. Philadelphia: Henry C. Lea's, Son & Co.; Montreal: Dawson Bros.

Since the appearance of the first edition of this valuable treatise it has been looked upon as one of the principal works of reference on all matters ophthalmological. The advances of the science are, however, so rapidly made that the production of new editions becomes an absolute necessity. The necessary revision required for this purpose has been performed by Dr. Bull, of New York, owing to the lamented death of the author at a time when the task was just in contemplation. It is only necessary to say that the American editor seems to have accomplished his self-imposed labor in a manner every way creditable to himself. The additions made bring up the work in every department to the most recent developments of the present day. They are quite numerous, indeed hardly a chapter but has thus been rendered more complete. A number of new illustrations have also been introduced.

Soelberg Wells on the eye, thus revised, is now simply in-

valuable to every one desirous of possessing the latest and best work on the whole science and art of ophthalmology.

A Treatise on the Practice of Medicine for the use of Students and Practitioners.—By ROBERT S. BARTHOLOW, M.A., M.D., LL.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, formerly Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio, &c., &c. New York: D. Appleton & Co.; Montreal: Dawson Bros.

This work has been for some time expected, the well-known name of the author being sufficient guarantee of the excellence of its quality. There was certainly room for a practical work on medicine to represent the recent views of American physicians upon pathology and the treatment of disease. Prof. Bartholow is a representative man, from whom such an authoritative exposition of these views can be looked for, and the present work will no doubt add to the high reputation he already enjoys in this country. It is not at all necessary to attempt any extended review of this hand-book, its scope will, of course, be gathered from its title. The author has discarded the customary initial chapters upon general pathology and plunged *in medias res*, rightly believing that these are very commonly passed over to get at the more practical parts of the book. The various classes of disease are then taken up and described *seriatim*. The descriptions are sharp, clear and concise, debated points are omitted, and only those retained concerning which there is a reasonable amount of general consensus. The language is always elegant and correct, nothing essential is found wanting, and thus it is compact and yet complete. It is, indeed, a model of its kind; very few of the articles are not illustrated by examples drawn from the author's own extended observations, the results, at any rate, of which are everywhere to be found. As regards the treatment of disease Dr. Bartholow's writings are specially reliable. He is well known to have devoted great attention to the subject of Therapeutics, and is a high authority

on the actions of drugs. His researches have led him to be one of the firm believers in judicious medication as opposed to the dangerous Nihilism fashionable at the present day. We cannot refrain from quoting the following sentence from his preface: "The influence of some of our most prominent medical thinkers has been offered to the value of medicines in the treatment of disease. The modern school of pathologists, absorbed in the contemplation of the ravages of diseases, are either oblivious of the curative powers of remedies, or openly ridicule the pretensions of therapeutists. I have, therefore, on the therapeutical sections, especially endeavoured to set forth true principles, and have taught the utility of drugs when rightly administered, but have none the less tried to indicate the limits of their utility, for he who is unmindful of the injury done by ill-directed or reckless medication is as unsafe a guide as the most pronounced therapeutical Nihilist."

To students and to practitioners this treatise can be thoroughly recommended as containing a satisfactory delineation of all important diseases, and a careful outline of the most appropriate treatment for each.

A Practical Treatise on Nasal Catarrh.—By BEVERLEY ROBINSON, A.M., M.D. (Paris), Lecturer on Clinical Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke's and Charity Hospitals, &c. New York: Wm. Wood & Co.; Montreal: Dawson Bros.

This is a thoroughly practical work upon a very practical subject of everyday importance. The principal chapters are devoted to the varieties of coryza, acute and chronic, hypertrophy of the turbinated bones, and follicular disease of the nasopharyngeal space (post-nasal catarrh.) These are preceded by others upon anatomical considerations, the various kinds of instruments suitable both for examination purposes and for the application of medicaments; and a good section is devoted to anterior and posterior rhinoscopy. It is well written and carefully prepared and illustrated by a number of useful woodcuts. General practitioners will undoubtedly find it a valuable work

for reference upon this special subject, on which so little is to be learnt except from special treatises like this.

A Compend of Anatomy for use in the Dissecting-room and in preparing for examinations.—By JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, Demonstrator of Anatomy in the Philadelphia Dental College, &c. Philadelphia: C. C. Roberts & Co.; Montreal: Dawson Bros.

This is a little book of handy dimensions, capable of being readily carried in the pocket. It consists of a compressed digest of the principal parts of Anatomy. The various systems into which the body is customarily divided are separately considered and a short description of each structure is given. A good deal of the work is done by means of tabulated statements, which afford a ready means of catching the eye and impressing the memory. After all, anatomy is really not to be learned in this way, and we do not think that helps of this kind are to be recommended for use by students in the dissecting-room; *there*, a good dissector's manual (Ellis, *e.g.*), which specially shows the relationship and inter-correspondence of parts is much to be preferred. But, for those preparing for a *written* examination on Anatomy (not a practical one on the subject), this handbook will no doubt prove a very useful assistant.

Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears.—By THOS. F. RUMBOLD, M.D. St. Louis: Geo. O. Rumbold & Co.; Montreal: Dawson Bros.

This book is written in the interests of that numerous class of persons in this country who have become subject to that most annoying complaint, nasal or pharyngeal catarrh. There is no doubt that in numerous instances the condition is perpetuated by ignorance or neglect of many points in their every day life, which have a more or less direct bearing upon the existence of the malady. These deficiencies are here pointed out and means

suggested whereby they may be counteracted. Too often, perhaps, physicians themselves are somewhat to blame, for they may allow their patients to trust too much to their medication, either local or general, whilst insufficient stress is laid upon the importance of correct sanitary and hygienic surroundings and mode of life. To many, therefore, the present volume will convey useful lessons. We cannot, ourselves, agree with everything advanced by the author. We think, in his anxiety to urge the necessity for wearing warm covering to the entire body as a valuable protective measure, he is running into the opposite extreme and advising the employment of an excess of garments which might be very hurtful—*e. g.*, "When the weather becomes cold in the fall, a heavier suit should be put on over the thin stocking-knit suit already on the body. As soon as the thermometer ranges in the neighborhood of 15° F., female patients should put on a *third* suit as heavy as the second; and if at any time they are to go on a journey in the railroad cars, or are to be exposed for several hours during the coldest winter months, a *fourth* suit should be donned," and Dr. Rumbold inveighs against the folly of the female sex because they *will not* follow his advice!

Geo. P. Rowell & Co.'s American Newspaper Directory, containing accurate lists of all the newspapers and periodicals published in the United States, Territories, and the Dominion of Canada, together with a description of the towns and cities in which they are published. New York: Geo. P. Rowell & Co.

This is an important publication from the above well-known firm of advertising agents. It contains all it professes to, as above, and indeed a vast deal more. As far as we can judge by an examination of the lists of Canadian publications with which we are acquainted, the information seems to be always perfectly accurate and reliable. To anyone having to do with advertising matters in this country or in the United States, this book is simply invaluable, and indeed to anyone it is a Gazeteer showing the respective importance of various towns and locali-

ties as guaged by their several publications of all kinds. The firm, which is probably the largest of the kind in the world, undertake the placing of all sorts of advertisements "where they will do most good"; and present a long array of most flattering testimonials from their former patrons of the success which has attended their efforts in this direction. We think we are giving good advice when we advise everyone to entrust the making of their advertising contracts to Geo. P. Rowell & Co.

Books and Pamphlets Received.

Treatise on Therapeutics. Translated by D. F. Lincoln, M.D., from French of A. Trousseau and H. Pidoux. Ninth edition. Vol. III. New York: Wm. Wood & Co.; Montreal: Dawson Bros.

A Manual of Minor Surgery and Bandaging. By Christopher Heath, F.R C.S., &c. Sixth edition,—revised and enlarged with 115 illustrations. Philadelphia: Lindsay & Blakiston; Montreal: Dawson Bros.

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, A.M., M.D., LL.D., &c. Sixth American edition,—revised and improved. Illustrated with 352 wood-cuts. Philadelphia: Henry C. Lea's, Son & Co; Montreal: Dawson Bros.

Diet for the Sick. By J. W. Holland, M.D. Louisville: John. P. Morton & Co.

Ophthalmic and Otic Memoranda. By D. B. St. John Roosa, M.D., and Edward T. Ely, M.D.

Cutaneous and Venereal Memoranda. By Henry G. Piffard, A.M., M.D. and Geo. Henry Fox, A.M., M.D, Second edition. New York: Wm. Wood & Co.

How a person threatened or afflicted with Bright's disease ought to live. By Joseph F. Edwards, M.D. Philadelphia: Presley Blakiston.

A Treatise on Surgical Diagnosis, designed as a manual for Practitioners and Students. By Ambrose L. Ranney, A.M., M.D. Second edition. New York: Wm. Wood & Co.

A Treatise on Diphtheria. By A. Jacobi, M.D. New York: Wm. Wood & Co.

Medical Heresies, historically considered. A series of critical essays on the origin and evolution of sectarian medicine, embracing a special sketch and review of Homœopathy, past and present. By Gonzalvo C. Smythe, A.M., M.D. Philadelphia: Presley Blakiston.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Diagnosis and Treatment of Obscure Pelvic Abscess,—By Dr. PAUL F. MUNDÉ. The author said that the title of his paper in full was "The diagnosis and treatment of obscure pelvic abscess, with remarks on the differential diagnosis of pelvic peritonitis and pelvic cellulitis." He would begin by a review of the differential points. He had been induced to bring up the old question as to pelvic peritonitis and pelvic cellulitis by a recent revival of the question as to their relative frequency. Filling all the interstices of the space between serous membranes and the parenchyma of the organ was a cellular membrane. Dr. Mundé then went on to give in detail the anatomy and deflections of the pelvic peritoneum, which it is not necessary for us to repeat, as we presume it is known to every reader of the GAZETTE. There was also, he said, connective tissue between the layers of the broad ligament. Its presence had been recently denied by Guerin, who had, accordingly, denied the possibility of the occurrence of pelvic cellulitis in this situation. But the recent researches of Kœnig and Schlesinger had demonstrated its presence, both at the bedside and in the dead-house. When the possibility of pelvic cellulitis of the broad ligament was questioned, as Dr. Mundé's clinical experience had, to his mind, demonstrated the opposite, he brought up the question in the obstetrical society, and the unanimous opinion of the members there agreed with his experience. In the operation of enucleation of the uterus for cancer, etc., he had found that the peritoneum at the cervix uteri was not closely connected to the parenchyma. The place of election for an inflammation of the cellular tissue was between the layers of the broad ligament; on account of the great number of blood-vessels and lymphatics which it contained, and the periodic congestion of the ovaries. Their situation allowed of the collection of an exudation which might fill one side of the pelvis and crowd the uterus to the other side. How was a pelvic cellulitis to be diagnosed from a pelvic peritonitis? In the first place it must

be admitted that the two diseases were often associated so that it was impossible to separate them. Emmett had recently expressed the opinion that the distinction between perimetritis and parametritis was merely a theoretical one which could not be made in practice. The etiology might aid in deciding the question as to which disease was before us; sources of irritation from within the pelvis were more likely to set up peritonitis, while injuries to the cervix and from external causes were more likely to produce cellulitis. Dr. Mundé thought that he had seen cases which were clearly and undoubtedly cases of pure cellulitis. The shock was greater in peritonitis than in cellulitis. But the physical signs gave the best and most reliable indications as to the nature of the disease. The vaginal roof was thickened in peritonitis, but was at first without the bulging and doughy feeling met with when a fluid was present. When exudation took place, the fluid passed into Douglas' cul de sac, immediately behind the os; at first it was soft, and afterwards, as coagulation occurred, it became hard. It was only when there was a large quantity of fluid that it was found at the side of the pelvis; but it was always at the back part of that cavity and behind the broad ligament; and it pushed the uterus forward and not to the side. In cellulitis the amount of fluid was generally small, accumulated inside of the uterus, was low down, pushes the uterus to the opposite side, and was felt at the level of the os. It was felt as soon as there were symptoms of inflammation. In both diseases the uterus was immovable. In peritonitis, the uterus was pushed downward and forward; in cellulitis it was pushed toward the side. It could not be denied that in many cases the diagnosis was difficult to make. Of much greater importance was the question of prognosis than that of treatment. Both diseases were amenable to the same measures, and both exhibited the same tardiness in recovery. There was great difference of opinion as to the relative frequency of the two affections. Among over two thousand cases of his own, Dr. Mundé had found one hundred and eight cases of pelvic effusion, of which seventy-three were cases of pelvic cellulitis, twenty-six of pelvic peritonitis, and nine of the two diseases

together. He should add, in explanation of the apparently small number in which the two diseases coexisted, that although this was probably true of the greater number, he had given the case the name of the disease whose symptoms were most pronounced.

Dr. Mundé now took up the subject of the *diagnosis and treatment of peculiar pelvic abscesses.* A pelvic abscess was a collection of pus occurring in the exudation of pelvic cellulitis. He would here refer only to abscess of the broad ligament. At first it was soft and doughy; then it became hard, and shrunk. In the majority of cases it gradually melted away under treatment, and in from two to eight weeks faded away entirely, leaving as a memento a little-cicatricial tissue, an adhesion in which the ovary was encased. Some went on to suppuration, opening in most cases through the rectum. He had, however, met with seven cases which had a different history, and had lasted for a long time. In these cases there was found a solid tumor, but no fluctuation could be detected by bi-manual examination.

CASE I.—There was nothing to show the presence of fluid, except the long duration of the case. On introducing the hypodermic needle he drew out half a syringe full of clear, bloody serous fluid. As he thought that the pressure of the fluid might be the cause of the long continuance of the case, he aspirated, and drew off two ounces of clear serum. The operation was followed by no bad symptoms, the woman improved, the tumor shrunk, until finally nothing was left but a fibrous band.

CASE II.—Was one of menorrhagia, depending upon vegetations, which were removed by the curette; as this did not produce a cure, fuming nitric acid was applied causing an attack of pelvic cellulitis. As the result of this there remained in the pelvis a large tumor which resisted all ordinary methods. Dr. Mundé aspirated it, and immediately afterward the tumor began to show improvement and finally disappeared.

CASE III.—Had been originally one of voluntary abortion, which had been followed by symptoms of gradual septic poison-

ing. There was found a hard mass in the left side of the uterus; this Dr. Mundé aspirated with a medium sized needle; at first it could be felt to go trough a creaking mass of the thickness of an inch and then to enter a cavity; thick pus was withdrawn, and the operation was followed by a complete recovery.

CASE IV.—There was a large, brawny induration which could be indented at a few points. This he aspirated, and drew off about an ounce of gummous fluid. Contrary to instructions, the patient felt so well the next day that she got up and went out; this brought on another attack of inflammation, and when she recovered from this the first one had disappeared.

CASE V.—There was a mass similar to the others already described, and in it there was detected a doughy, boggy feeling. Dr. Mundé aspirated it, and withdrew a small quantity of creamy pus; the needle was then inserted in another place, and again a small quantity withdrawn; this was done, in all, eight times. It would seem that there had been a number of small parenchymatous abscesses. There was no immediate diminution in the size of the tumor, but after a time it disappeared.

CASE VI.—There was a high fever, and a large pelvic tumor was found, in which no fluctuation could be detected. A hypodermic needle was introduced, but no pus was found. That night, while having a movement of the bowels, the patient felt something give away inside of her, and immediately there was a discharge of a considerable quantity of pus. From this time the patient steadily improved. A small needle was used on this occasion, to which fact the failure to obtain pus might be attributed, though Dr. Mundé thought the insertion of the needle opened the way for the escape of the pus.

CASE VII.—There was a large convex tumor, in which there was no fluctuation, though a boggy feeling could be detected. Dr. Mundé introduced the needle a number of times in different places, and each time drew off a small quantity of pus, showing that there were a number of small cavities. This was followed by immediate improvement.

The special points which he wished to make were: first, the anatomical difference between pelvic peritonitis and pelvic cel-

lulitis; secondly, the possibility of suspecting pus in a tumor such as described, from its long continuance, its rounded appearance, its boggy feel, and its softening at points; thirdly, the safety of aspiration; and fourthly, the rapidity and certainty with which such patients could be cured. Not less than two months should be allowed to elapse before any such operative interference should be undertaken. The most dependent and boggy part should be selected, any part in which there was pulsation being, of course, avoided. Dr. Mundé had first introduced a hypodermic, and then, if pus was found, used the aspirator. To avoid this double introduction, he had made a large, strong syringe, to which a long slender needle was attached. This instrument he exhibited. If, after the first withdrawal, the fluid re-collected, it should be withdrawn a second time. In some cases the stimulus of the introduction of the needle, even if no fluid was found, seemed to start up the processes of nutrition, so that the fluid was absorbed.—*Medical Gazette.*

Influence of Varicocele in the Nutrition of the Testicle.—Dr. Will, in a recent clinical, discusses this subject at length, contrasting the opinions of such surgeons of eminence as have recorded their beliefs. Sir James Paget is of the opinion that the fears so frequently expressed by patients, that varicocole is a forerunner of wasted testicle, debility of sexual organs, impotence, etc., are groundless. Sir Astley Cooper writes that "varicocele should scarcely receive the title of a disease, for it produces in the greater number of cases no pain, no inconvenience, and no diminution of virile powers;" while Professor Humphrey thinks it is rarely productive of any decidedly injurious effect upon the testicle or the character of its secretion. Evidence of the opposite character comes from Barwell, Curling, Henry Lee, Gosselin and Percival Pott. Mr. Barwell thinks that the testicle from which the varicocele springs, is not of much use. Mr. Jonathan Hutchinson's views are peculiar. He thinks the cause of the varicocele, as well as the wasting of the testicle, is

due to central nerve disease. Will thinks it impossible to reconcile the diverse views of authorities, but brings forth some strong clinical evidence to substantiate the view that the nutrition of the gland is endangered by a varicose condition of its veins, especially when the varicocele is large. The fact that the condition of the gland improves after successful operation, is very strong evidence in favor of the latter view. He lays down the following conditions as being those indicating operation: 1. If the varicocele is very large or increasing. 2. If the testicle is atrophied. 3. If acute pain be complained of. 4. If the patient be disqualified from entering the public service. 5. If the stability of his mental faculties be endangered. — *Lancet.*

Salicylate of Soda in Typhoid Fever AND ERYSIPELAS.—At the last meeting of the Société Médicale des Hopitaux (*Gaz. Hebd.*, August 20), Dr. Hallopeau read a paper on the above subject. In typhoid fever, he observed, two indications are pressing: to attack the infectious principle, the cause of the disease, and to combat the elevated temperature; and, in general, apyretic medicinal agents are also antizymotics. Liebermeister, of Basle, has treated a great number of cases by antipyretics, and, in place of a mean mortality of 15 per cent. in mild epidemics, he has obtained one of 11 per cent. He commenced with a gramme and a half of calomel, and with the use of cold baths according to Brand's method, and then gave from two to three grammes daily of sulphate of quinine, or from six to eight of the salicylate. He found the temperature rapidly became lower, and was maintained at 38° and 39° C. Dr. Hallopeau, following this example, gave calomel the first day also, and then administered quinine and the salicylate alternately, only having recourse to the cold baths in great and menacing hyperpyrexia. Some observers have condemned the use of the salicylate after employing it in doses of ten, twelve, or fifteen grammes per diem; but there is no proof that in smaller doses this salt acts at all mischievously. It should be given in doses of about two grammes a day, and

never exceeding four grammes ; and even then it should not be continued too long without interruption, and should be proscribed altogether when great dyspnœa is present, or a tendency to hemorrhage. It has been objected that the antipyretic effect of the salicylate is but slight, and even less than that of quinine ; but all the thermal curves attached to Dr. Hallopeau's paper show a notable diminution of temperature after the administration of two grammes. He admits, however, that its action is fugacious, and may disappear at the end of two or three days ; but then quinine may be administered, and the two agents alternated, avoiding thus an accumulation of the salicylate. In no case has he observed any ill effects produced upon the kidney ; and if the salicylate be sufficiently diluted, neither ulceration of the pharynx or stomach nor diarrhœa will be caused. It has seemed in some cases to increase dyspnœa and the disposition to intestinal hemorrhage ; and where there is a tendency to these conditions it should not be employed. It has been said that the diminution of the temperature has been the sole effect produced by this agent, without its exerting any influence on the course of the affection ; but Dr. Hallipeau has fouud the disease less grave and of shorter duration than usual. In a series of twenty cases he has only met with three deaths, and in two of these cases not as a direct consequence of the disease ; while in a second series of nine cases they all recovered.

Dr. Hallipeau has also given the salicylate internally, in doses of four grammes per diem, in erysipelas ; and, basing his practice on the experiments of M. Bochefontaine, who has shown that this salt is absorbed by the skin and passes into the urine, he has also prescribed the application of compresses dipped in a solution of the salicylate (one in twenty). In an infant, eight months old, the subject of erysipelas of the leg from a slight erasure opposite the knee, after having employed compresses wetted with elder-flower water and sulphate of quinine, which were not tolerated, he obtained by means of the salicylate a rapid amelioration of the general symptoms, the arrest of the erysipelas which had invaded two-thirds of the thigh, and the cure of the little patient. In all the fourteen cases in

which this substance was employed, the temperature, at the end of twelve, thirty-six, or at most forty-eight hours, had fallen to its normal height; and among the fourteen cases only one death occurred, and that in an old man who was also the subject of purulent pleurisy. Dr. Labbé stated that he had also employed the salicylate in erysipelas, but had not derived any advantage from it, even in large doses. In his opinion, the regular course of this disease, especially on the face, which had formerly led to its erroneous assimilation to eruptive fevers, entirely depends upon anatomical reasons, such as the disposition of the lymphatic net-work, or that of some of the cutaneous muscles of the face and neck. It lasts for a week on the face, and longer when it gains the trunk; but the use of the salicylate does not modify its course. In typhoid fever, Dr. Labbé gives enemata with three or four grammes of this substance, which always produce a marked sedative effect and sleep, while disinfecting the stools. Dr. Hallipeau replied that he also employed the salicylate locally in erysipelas, and in six of his fourteen cases, he obtained evident amelioration in twenty-four hours. The cases of erysipelas of the face so treated by him did not last a week.—*Med. Times and Gazette*, Sept. 4, 1880.

Laparatomy for a Singular Case.—A man, three weeks before being brought to the Vienna General Hospital, had introduced a varnishing brush, seven inches long, into the rectum in order to relieve constipation. When the brush had entered deeply, the handle slipped from his hand, and he continued for three weeks to keep the body in the abdomen, in the hope that it would be discharged at stool. Violent pains then coming on, he was brought to the hospital, and a diffused peritonitis was found to exist. An exploration of the rectum by Simon's method was practised without the body being detected; and, as the patient was quite positive that the brush was still in the abdomen, Hofrath Prof. Billroth performed laparotomy. It was found that the brush had penetrated as far as the sigmoid flexure, twenty-five centimetres distant from the anus, and there had penetrated the intestinal canal, producing

a diffused peritonitis. The man died six hours after the operation.—*Allg. Wien. Med. Zeit.*, August 17. [In the same journal for August 31 is related by Dr. Walser, of Graz, a very similar case, which, however, having been seen much earlier, had a more fortunate termination. A man, three days before his admission to the hospital, had passed the handle of a hammer, twenty-five centimetres in length and two and a half in breadth, into the rectum in order to arrest a diarrhœa, and while doing so it slipped from his hand and disappeared. The abdomen was moderately distended and only slightly sensitive; and, on making firm pressure over the umbilicus, a hard, movable body could be felt, having its end exactly in the middle of the epigastrium. It could not be followed downwards, but seemed to have entered the pelvis. The general state of the patient was satisfactory, but he resisted exploration by the rectum so much that he was put under anæsthetics. Although the body could not be felt in the rectum, by pressure and manipulation of the upper end, Dr. Walser was at last able to get hold of it with a lithotomy forceps and slowly remove it.—*Med. Times and Gazette*, Sept. 25, 1880.

The Hot Rectal Douche.—At the last meeting of the American Gynæcological Association held at Cincinnati on the 1st September Dr. Chadwick, of Boston, read a paper on "The Hot Rectal Douche." The idea was suggested to him by the hot vaginal douche as carried out and extolled by Emmet and many others in the treatment of pelvic inflammations of all kinds. A glance at the anatomy of the pelvis will show that a much more extensive surface for the operation of the hot water must be available by the rectum than by the vagina. The only objection which, however, would seem to render the hot rectal douche inapplicable in the acute stage of such inflammations is the peristaltic action which may at first be excited by it. Dr. Chadwick has employed this remedy in two groups of cases. The first includes cases in which diarrhœa, acute or chronic is a prominent symptom, but characterized by small frequent stools from inflammation or perhaps only irrita-

tion of the lower bowel. The causes of such inflammation are laceration or contusion of the rectum during labour, and the continuance of inflammation or congestion caused by contiguous inflammation, or by hardened fæces. The second—a more important one, is pelvic inflammations of all kinds. In such cases, especially in the last group, Dr. Chadwick has found this treatment eminently successful.

The method by administration of the hot rectal douche to get the best effects, aims at securing the passage of as large a volume as possible of hot water to as high a point as possible, and its retention as long as possible in the intestine. The water is used as hot as the hand can bear; the patient is placed on her side, preferably the right side in bed; a fountain syringe, holding two quarts, is used; it is suspended quite low, so that the flow shall be quite slow. The finger is kept in the vagina, and as soon as it detects distension of the rectum, the current of water is stopped for a few minutes, the nozzle being allowed to remain. In this way one or two quarts of water may usually be injected without giving rise to peristaltic action. It is not wise to resist expulsive efforts, as the bowel will be apt to be stimulated to more violent efforts, and irritation increased. The douche may be taken two or three times a day for weeks if necessary.

Expectant Plan of Treating Caries of THE ANKLE IN CHILDREN AND YOUNG ADULTS.—In the *Medical Record* of August, 1880, we find an interesting paper on this subject by Dr. T. S. Satterthwaite, of New York. He alludes to the report made by a committee from the Therapeutical Society of New York. A synopsis of twenty-four cases demonstrated to this committee that the expectant plan pursued in most cases was competent alone to effect a satisfactory cure, with a very inconsiderable loss of function, and within a reasonable time. These conclusions have been further sustained by an elaborate paper from Dr. V. P. Gibney, wherein he reviews the final results in thirty cases that came under his own observation. Attention is called to a fact now recognized by

surgeons and orthopædists on both sides of the water, viz: that many children annually suffer amputation of the foot, when, under conservative treatment, the member could have been saved. It is further statod that neither excisions, partial or complete, nor other operative procedure offer advantages superior to the expectant plan, which at once assures a more perfect result than any known to the profession. If the joint is inflamed, entire rest is ordered; if abscesses form, they are opened; if loose bone is detected, it is simply removed, as if it were a foreign body interfering with the process of healing; if, in the further progress of the disease, malposition of the parts is found, a support or brace is given to rectify the deformity. This method is simply one that addresses itself to immediate symptoms, and recognizes any treatment that would suggest itself to a practical surgeon or orthopædist, provided only he does not practise chiseling (gouging), exsection or amputation. The number of affected males and females were equal, and the majority were attacked between the ages of six and thirteen. Of sixteen cases, in only four was there an alleged injury without the suspicion of blood disease; but in five others the two were associated. In the two remaining, there was positively no record of an injury, and the personal and family history was excellent—an interesting circumstance suggesting that there may possibly be causes apart from traumatism or cachexia. In a total of sixteen cases, useful joints were obtained in fourteen. Goughing or chiseling was practised in five cases in conjunction with other methods, and gavc a useful foot in three of them. It may be questioned whether it is well to anticipate nature in her effort at recuperation, for it is seen that the most perfect final results are those which nature has accomplished unaided. In place of the carious bone, she deposits sub-periosteally new material, which, gradually encroaching upon the disease, is ready to supplant it when the process of removal has been completed. It is capable, in almost every instance, of saving the foot from amputation, and even excision, partial or complete. The result is better, and the time to accomplish it has yet to be shown to be longer.

Catheterization of the Larynx as a SUBSTITUTE FOR TRACHEOTOMY.—In the "Bellevue Hospital Reports," published in the *Medical Record*, we find a report of this interesting procedure. A baby a few weeks old had the appearance of being in a healthy and well-nourished condition. It had, however, persistent convulsions and attacks of laryngeal spasm. On examining the pharynx, a laryngeal spasm was promptly produced, and the baby became suddenly asphyxiated to an alarming extent. Respiration ceased at once, and the face became livid. Artificial respiration was resorted to immediately, but neither Schutze's, nor Marshall Hall's, nor Sylvester's method did the least toward restoring the child. The tissues of the larynx were completely relaxed, but there was not sufficient life in the child to enable it to breathe. The heart continued to beat. A male silver catheter was quickly introduced through the larynx, and respiration was immediately restored. The convulsions were controlled with chloroform, and the child, after passing through such an ordeal, recovered.

The practical point of interest is the catheterization of the larynx in preference to tracheotomy in a case demanding prompt action to prevent death from asphyxia.

The following points are noted in the *British Medical Journal*, by Wm. MacEwen, in its favor over tracheotomy. The air passing through the mouth, etc., becomes warm, moist and filtered. One of the great dangers in tracheotomy is pneumonia. In a few minutes after the tube is introduced into the mouth, it attains the same heat as the body, and its interior becomes covered with moisture, and offers an adhesive surface for organic particles passing. The following conclusions are arrived at.

Tubes may be passed through the mouth into the trachea not only in chronic but in acute affections, such as œdema glottidis. They can be introduced without putting the patient under an anæsthetic. The respiration can be perfectly carried on through them. The expectoration can be expelled through them. Deglutition can be carried on during the time the tube is in the trachea. Though the patient at first suffers from a painful sensation, he soon becomes tolerant of the presence of the tube.

The patient can sleep with the tube *in situ*. It may be used in operations on the face and mouth to prevent blood from gaining access to the trachea, and for the purpose of administering the anæsthetic. In all the cases tried it proved harmless, and the ultimate results were rapid, complete and satisfactory. Tubes of varying size must be used. It may be known to be in the trachea by feeling the instrument pass through the rings of the trachea, and by finding the air and mucus expectoration passing through it.—*Virg. Med. Monthly.*

Venesection in the Treatment of Hæ-MOPHILA.—Mr. Henry Finch reports the following in the *Lancet*, October 2, 1880:—A stout, healthy lady, between fifty and sixty years of age, was suddenly attacked in bed, at night, with profuse bleeding from the nose. I was sent for, and the patient, whose indomitable pluck and steady coolness under a full knowledge of the danger she was incurring, contributed much to the fortunate issue, told me that a brother had died in a few days, from uncontrollable bleeding from some very trivial skin wound, and that an aunt had frequently suffered from copious bleeding consequent on very inadequate exciting causes. The patient was treated in the routine manner—astringents syringed into the nasal fossæ, ice, iron, and ammonia internally, and finally plugging the nares; but all to no purpose. The bleeding, if it ceased for a time, soon came on with redoubled energy; the patient at intervals vomited quantities of dark blood. I was with the patient two nights, who, notwithstanding the increased pallor, anæmia, and weakness, preserved her spirits wonderfully. After forty-eight hours of this continuous bleeding, it was evident that unless the hemorrhage could be stayed death would speedily ensue, and as a last resource, in a sort of empirical way, we determined to try the effect of diminishing the blood-pressure by opening a vein in the arm. The state of the patient, while it nerved us to adopt any probable means of staying the flow, made recourse to this particular remedy without previous experience an anxious proceeding. Mr. Sloman opened a vein in the bend of the left arm with some

difficulty, owing partly to its small size, and partly to the presence of much superficial fat. The nasal appendage stopped as soon as a little dark blood had flowed away. After making sure that no further loss was taking place, the vein was closed. The hemorrhage did not return, and from thence forward the patient made a protracted but perfect recovery. In two other cases which I can call to mind—a gentleman of thirty and a girl of seventeen years, both with well-marked hemorrhagic diathesis, and with hereditary history of the complaint—I have tried venesection, and in both cases success has been immediate and complete.

Empyema.—Twelve cases of empyema are detailed in the *Medical Record* by Dr. W. S. CHEESMAN, of Bellevue Hospital. Concerning the treatment of these cases, he remarks: "It is interesting to observe that most of these cases began as pleurisy with effusion, and that in two, at least, empyema was a sequel of croupous pneumonia. In half the cases the whole pleural cavity was involved; in half the empyema was encapsulated. Seven cases died, all of whom had been cut; but in two death was due to complications, while in two others the empyema was a concomitant of conditions already fatal in their tendencies. So that in only three cases can death be attributed to empyema alone. Five cases recovered; two *without* operation, the pus having been absorbed, or having undergone calcareous or other changes. In the one case retraction of the side remained; in the other none. Of the three others who got well after operation, one recovered with only a sinus; one with a sinus and retraction of the side, and one with sinus, retraction, and probably waxy liver and kidneys. "In considering these results we are not led to regard incision for empyema as one of the triumphs of surgery. Leaving out those fatal cases in which empyema was complicated with phthisis, erysipelas, etc., three remain whose lives the operation failed to save (though one was in *articulo mortis* when it was done). In Case 9 the operation seems to have hastened the patient's death. Of those who recovered after operation, all have sinuses, and two are

deformed. "Perhaps it is not unfair to hope that the results might have been better had the patients not been operated on in a large public hospital, where the food is poor, and where nosocomial malaria abounds."—*San Francisco Western Lancet.*

Acute Articular Rheumatism.—Thoresen has analyzed (*Norsk Magazin for Lägevidensk, Nord, Medicin. Archiv*) the conditions of two hundred and seventy-seven cases of acute articular rheumatism, which have been under his care during the last twenty-five years. He has not been able to find any connection between the frequency of the disease and the state of the weather, the temperature, or the amount of moisture; and, after distributing the cases of the disease among the different months, he can not assign to articular rheumatism any place as a representative of a fixed morbid constitution. Upon the other hand, he has found that the cases of rheumatism diminish in proportion to the height above the level of the sea, and increase in proportion as this is approached. His professional colleagues practicing in the higher regions have informed him that acute rheumatism is almost unknown to them. He believes that acute articular rheumatism is an infective disease, which, like intermittent fever, belongs to the diseases of low lands. Cold, he thinks, has been overrated as a cause. The good effects of salicylic acid are regarded by Thoresen as confirmatory of his idea that rheumatic fever is an infective (malarious?) disease.—*British Med. Journal.*

The Therapeutic Use of Pilocarpine IN SKIN DISEASES.—In the St. Petersburg *Med. Wochenschrift* of 19th July, quoted in *Med. Rec.*, appears a notice of the results obtained by Professor Pick from the use, over the space of two and a half years, of pilocarpine and its preparations in prurigo, psoriasis, eczema, pruritus, urticaria chronica, alopecia areata, trichoptilosis, alopecia pityrodes, acne, hyperidrosis, pemphigus chronicus, and lichen exsudativus, *i.e.*, in all skin-affections where the secretion of sweat is more or less altered. Small doses of one-sixth of a grain, in solution, were ordered

twice a day, one to two hours after food. Perspiration followed generally four or five minutes afterwards. After several weeks' use, unless intermitted, the dose had to be increased. The skin became softer and more pliable, scaliness diminished, and the hair was less brittle. The use of the remedy even for months in no way disturbed the general health. In 32 cases of prurigo the tormenting itchiness disappeared, and the relapses were somewhat delayed; while, again, in 25 cases of psoriasis no effect was seen. In two cases of pruritus senilis, and one of urticaria, a cure was accomplished. In eczema, the result was not decided. In ten cases of alopecia pityrodes, good results followed; while in four cases of alopecia areata, no decisive result was obtained.

Treatment of Biliary Calculi by Olive Oil.—Dr. Kennedy states that various agents have been from time to time employed in the solution and expulsion of biliary calculi. Of these, chloroform alone or with ether is said to have removed these bodies; but this mode does not seem to have come into general use, probably, Dr. Kennedy thinks, because it requires time; but he believes that he has now obtained a simple medicine readily available in practice, and having the required properties. In every instance in which the calculi were proved, or presumed to have been the cause of periodic suffering, these bodies were promptly and painlessly expelled in larger or smaller numbers by the use of large doses of olive oil. The author appears to have administered the oil in six-ounce doses at bed time.—*The Lancet*, Sept. 18, 1880.

A New Dressing for the Navel.—Dorhn recommends under this title the following arrangement in order to avoid the evil effects which occasionally follow the separation of the cord when dressed in the usual fashion. The newly-born child, after having its navel-string tied and cut, is first washed in the usual manner, after which it is laid on a table, and the remains of the navel-string, as well as the parts round about the navel, washed with a 2½ per cent. solution of carbolic acid. The cord is now tied a second time with a ligature which

has been duly carbolised, and the superabundant portion of navel-string cut off with its previous ligature attached to it. A layer of carbolised wool is applied over the stump of the navel-string, and over all a portion of sticking-plaster about the breadth of the hand is firmly fastened. This dressing is allowed to remain till the seventh day without being either aired or renewed. On removing it the remains of the navel-string will be found either nearly or entirely separated. In the former case it is cut off with a pair of scissors. The author declares that he has found this dressing very satisfactory in twenty-eight cases.—*Cbl. f. Gynäkol.* Nov. 14, 1880; *The Edinburgh Med. Journal*, Sept., 1880.

To Get Leeches to Fasten.—Almost every physician has at times experienced the difficulty of getting these animals to bite. The following plan is commended, and will be found effectual in all cases when the leeches are healthy. Put the animals in a small glass vessel half filled with water. The part of the body which is about to receive them is carefully washed with warm water, and the glass is quickly inverted upon the skin. The leeches attach themselves with surprising rapidity. When all the animals have bitten, the glass is carefully removed, the water escaping being absorbed by a sponge. If a single leech is to be applied, the same plan is adopted, using a test tube in place of a glass; by this means the animal may be compelled to bite at just the point desired.—*Philadelphia Medical and Surgical Reporter.*

Worms in Children.—Prof. J. Mathews Duncan, the eminent obstetrician, says I have never seen a case of vulvitis that I could ascribe to worms. I believe this is an illustration of the injurious tendency to repeat what has been said before. Because one author of repute says a thing every one repeats it. You have been taught that worms cause convulsions in children. I never saw a case of convulsions that I could reasonably trace to worms, a case of worms that caused convulsions.

CANADA

Medical and Surgical Journal.

MONTREAL, DECEMBER, 1880.

TYPHOID AT LENNOXVILLE.

The public mind in this city has been much excited lately over the announcement that typhoid fever had reappeared at Lennoxville School. The following are the principal facts of the case: In the early part of last summer the fever first made its appearance. At least ten of the boys were affected, and one died. Many of the cases also were of great severity. The school was broken up, rather tardily, and the cause investigated. When the drains came to be examined, it was found that they were very defective, and had, in places, become quite choked up. Not only so, but actually the outlet of the drain had never been completed, and the soil-matters therefrom were allowed to penetrate into the ground at some distance from the main building. The authorities of the school took medical and other skilled advice as to the measures necessary to prevent the disease in future, the result of which was that the drains were all thoroughly gone over and put in as efficient a condition as possible. Moreover, the dry-earth system of closets was introduced for general use; the only water-closets retained being in the quarters assigned to certain of the masters of the school. It was then pronounced safe for occupation. In September, therefore, pupils were received as usual for the Fall term. As already stated, typhoid again broke out about three weeks ago, and since then six of the boys (at least) have suffered from it. One has died. Of course, this second outbreak is a very serious matter for the reputation of the school, and one from which it will never recover, except public confidence in its sanitary condition can be restored. We

are unwilling to make any more extended comments upon this lamentable occurrence until in the possession of further information, but it is right to say that we have heard very strong complaints made against the responsible authorities, especially on two grounds: first, that drinking-water is supplied from the same well as previous to the first endemic, although at least one medical man had urged that it should be condemned and filled up; second, that the true nature of the illness in the recent cases was not made known for several days, to the great risk of all the other pupils. We merely give these statements as they have come to us. We certainly think that Lennoxville School will be acting in its own best interests if it publishes a full and complete account of all the circumstances connected with this serious visitation. We would suggest that the authorities send out some medical man from this city who is known to have practical knowledge of the special subject of the communication of disease by insanitary conditions—let him stay there just as long as he finds it necessary to investigate every possible source of infection—and let him give a report thereon. It is only in this way, we believe, that a satisfactory conclusion can be reached. As this is a matter of great public interest and importance, we hope to recur to it in a future issue.

TRAINED NURSES.

An important movement is now being inaugurated in the Montreal General Hospital. For some years past, the attention of the Governors has been directed to the advisability of making permanent arrangements whereby their hospital could be supplied with a reliable staff of educated nurses. The great value of properly trained women to serve in hospital wards has been now so clearly demonstrated that no one would be rash enough to deny it; and the question has been how can a supply of such qualified persons be best obtained, and how can vacancies in their ranks be filled? When, some years, ago a Lady Superintendent came from England with a number of nurses from the Nightingale School, it was always in contemplation to amalgamate a school for the education of other young women under the

same management. This was a matter in which the public took great interest, both from a desire to see their most important hospital well nursed, and also because the intention was to send out yearly from it several well-trained sick nurses who might become active and valuable members of the community. Unfortunately, owing to collision between the Managers and the Superintendent, these plans were never carried out, and the training school scheme fell to the ground. During the past year, however, the matter has again been discussed by the governing body, and definite action has at last been taken. The services of a Lady Trainer have been secured, who comes to us with the highest recommendations from the schools of Boston and New York, in both of which she has served a prolonged apprenticeship. Applications are at present being asked for from candidates for admission, the term of service to begin with the incoming year. The Managing Committee and the Medical Staff are now engaged framing suitable rules for the governance of the school. This is a very important matter, and we hope such careful attention will be given to defining accurately the special duties of the various officials that all possibility of future difficulties will be avoided. We need scarcely point to the lamentable scandals recently enacted at Guy's Hospital to show to what serious and wide-spread trouble misunderstanding arising from ill-defined duties may give rise. Nothing tends so much to demoralize a public institution of this kind as friction between its various component departments; and, on the contrary, nothing will so much advance its prosperity and success as harmonious co-operation of them all for the common good. In the introduction, therefore, of this new element into our General Hospital, we trust such care and foresight will be exercised as will result in permanently securing a much improved nursing service for the future, besides being a boon to the outside public as well.

PYO-PNEUMOTHORAX SUBPHRENICUS.—Our readers will no doubt observe with interest the remarkable case bearing this title published amongst our communications. From the de-

scription, it will readily be seen how difficult it was to determine the exact situation of the great cavity of pus and air. No doubt similar conditions have been observed by other individual writers, but, as far as we know, it was Leyden who first gave it the above designation. It is useful to have some such term for the special disorder in question, as that serves to direct attention towards it, and saves verbal description. The cases of this kind must certainly be rare. In our own experience, this one is unique. But we should be glad to hear if others have been noticed in this country—cases either recorded or not. We had the privilege of seeing the patient during life in consultation with Dr. Gardner, and of being present at the autopsy. One point is specially worthy of attention in the case, viz., the situation of the liver. One of the main diagnostic points of Leyden is decided depression of the liver into the abdomen. As the condition here was diametrically opposed to that, it shows that too great stress must not be laid upon this observation.

Medical Items.

—The *Student's Journal* gets off the following epigrammatic remark anent affairs at Guy's: "Priestliness, women and physic, in association, are a deathly trio. Separately and alone, they are of use, because then they can be held in subjection."

PROGRESS OF PSYCHIATRY IN THIS COUNTRY.—In February, 1880, Dr. J. C. Shaw, Medical Superintendent of the King's County Insane Asylum, burned all the camisoles, wristlets, strait-jackets, and other forms of restraining apparatus in his institution. Dr. Shaw did not, in the Byronic manner, awake the next morning and find himself famous; but he did, nevertheless, perform an act which will make his name historic among alienists, since he now stands as the first American physician to do away entirely with mechanical restraint in the treatment of the insane.

TREASURE-TROVE OF THE DISSECTING ROOM.—Prof. Agnew reports that he saw, in the dissecting room of the Philadelphia School of Anatomy, a female subject, afterwards learned to have

been insane, in whose intestinal canal was found three reels of cotton partially unwound; two roller bandages, one of them 2½ inches wide and 1 inch thick, the other was partially unrolled, one end being in the ileum, the other in the rectum; a number of skeins of thread, a quantity being packed tightly in the cæcum; and finally a pair of braces.

NEW TEST FOR TRICHINÆ.—A Holstein peasant, uninstructed in microscopical research, and not possessing the requisite instruments of precision, has devised for himself a new test for the presence of trichinæ in pork. When he killed a pig, he was careful to send a portion of it—a ham or a sausage—to his pastor, and then waited the consequences for 14 days. If his pastor remained healthy, then he felt perfectly easy in his mind, and well assured that his pig fulfilled the requisite conditions of soundness of food, and he proceeded to dispose of it accordingly in his own family. This ingenious method of research has not been considered satisfactory by the district physician.

BISHOPS AND DOCTORS.—"I am not ashamed to say I have a son a doctor." (*Speech of the Bishop of Liverpool to medical men.*)

How kind of the Bishop, and how patronizing,
And yet to his *Punch* 'tis a little surprising,
That speaking to medical men there in session,
He dared speak of shame and a noble profession.
A Bishop looks after our souls, but how odd is
The sneer that's implied at the curers of bodies;
For surely it would be no hard task to fish up,
A hundred brave doctors as good as the Bishop.

—*Punch.*

GENERAL PRACTITIONERS AND SPECIALISTS.—Dr. George Johnson, at the introductory address of the King's College Medical School, said some pretty severe things regarding the abuses which had grown about specialism. After referring to the indiscriminating way in which the public often looks at the matter, he related the following anecdote of Dr. Latham: "Dr. Latham, as you are aware, was a very eminent, learned, and accomplished physician of St. Bartholomew's Hospital, but he had published more on the diseases of the heart and lungs than on

any other subject. A patient of his, who had recently recovered from some pulmonary affection, one day said to him: 'I feel that as regards my lungs, I am quite well, and now I think of going to consult Dr. Watson about my general health.' To which Dr. Latham replied: 'Yes, I see—in your estimation Dr. Watson is an architeet, and me, I suppose, you look upon as a bell-hanger.'" Dr. Johnson advised the students to be architects, learning at the same time how to hang a bell.

—A London journal gives these verbatim copies of written exercises in one of the Greenwich schools:—"Infections are brought on by bad smells, such as small-pox, measles, scarlet fever, glass pox, S. C., they are brought on by bad drainerges suers; they must be well ventolated.—Infection desease are caught by touching such as charcoal, chloride of lime, &c. Measles, feaver are called disinfectionous because they are catching.—Fainted. If a person as fainted, take her out in the open air lay her down with her head. And do the clothing round the neck and dashed cold water the face and hand and put smelling saults to her nose.—Degestion is paines in the head, paines in the stom-ach, bad tempers. From degestion comes consumption, information, head ache, neuralgia."

Painless Operation for Ingrowing Nails.—Dr. J. H. Converse, in the *American Med. Journal*, says: "I will give this for the benefit of your readers, as perhaps it will be new to some of them. It consists of wedging cotton under the free margin of the nail, placing over it a piece of adhesive plaster with a hole cut into it the size and shape of the nail to be removed; then moisten the end of a pencil of caustic silver and apply it to part to be removed, taking care not to touch any other portion. The next day the nail will have assumed a black or brown appearance. Upon raising the nail it will be found to have become separated from the sub-adjacent tissue, and all there is required to complete the cure is to clip off the dead portion.

CANADA

MEDICAL & SURGICAL JOURNAL

JANUARY, 1881.

Original Communications.

TYPHOID FEVER AT LENNOXVILLE.

By E. D. WORTHINGTON, M.D., F.R.C.S., Edin.
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The editorial in the December number of the JOURNAL, on "Typhoid Fever at Lennoxville," is my apology for regarding the subject as one legitimately open for public discussion. As you properly state "this is a matter of great public interest and importance. I will, therefore, venture to give you what I know of typhoid fever at Lennoxville, or rather at the Grammar School at Lennoxville, for it is a significant fact, that the two outbreaks of typhoid fever to which you refer, and to which I will confine myself, were limited to, or originated in, that institution.

The village of Lennoxville, and Bishop's College University and Grammar School, are within four miles of Sherbrooke; the College and School being contiguous, and only a short distance out of the village proper.

Typhoid fever, scarlet fever, diphtheria, or any other so-called zymotic disease, occurring in an epidemic form, would, according to all known laws, be expected to show themselves in both places, and in the surrounding country, at a period, or periods, sufficiently close to form a connecting link. At the times, however, to which you refer, neither in the village of Lennoxville, nor in Sherbrooke, nor in their immediate neighborhoods, were there any cases of a distinctly typhoid character. On looking over my memoranda of cases, I find that, since the first outbreak

of fever at Lennoxville, I have had only one case of typhoid fever, and that was in August last. In the same family, I had a case in July, 1879. Both were clearly due to local causes, independent of any epidemic or contagious influence, and in a locality removed five miles from both Lennoxville and Sherbrooke. Dr. Robertson, who is the only resident physician in Lennoxville, assures me that, in the time stated, he has not had one case of typhoid fever, and I know of no other medical gentleman in the vicinity who has had. I may add, that since the last outbreak, we have had a good deal of measles and scarlet fever in Sherbrooke, and none of them, to my knowledge, were attended by fever with even a suspicion of a typhoid type. I am aware that a son of the Chancellor of the University—a Lennoxville boy—has been ill in Sherbrooke, but I have only heard of his case as one of gastric fever (!). And on the Lennoxville road two cases occurred, the first of which, if it was typhoid fever, may somewhat weaken the strength of my statement; but as I never heard it spoken of as other than low fever, and as a brother, a student at Lennoxville, has since had typhoid fever, it will not weaken it very materially.

If I am correct in my statements, and I am open to correction, it will appear that the two last outbreaks of typhoid fever at Lennoxville grammar school, arose from a *purely local cause*.

For many years, that school has had a most unenviable, as well as a most painful reputation, as the centre of a panic, in some form or other. It is the only school in Canada, that I know of, that has struggled through such a wretched experience. There must have been some counter-balancing good in it, to have enabled it to retain its vitality. It is unquestionably a magnificent school, both for the development of mind and muscle; but it is a reproach to those in charge of it, that an implacable enemy, living on its grounds, or within its walls or wells, should not have been wiped out of existence years ago. I mean that "contagium vivum," that much abused, and now much talked of typhoid fever *germ*.

Unfortunately, for the school, when there has been a threatening of typhoid, or scarlet fever, those in charge, either from

ignorance, or obstinacy, or misdirected zeal, have rather aided in the concealment of the fact, until concealment was no longer possible, and then came a panic, and a rush for home, to the extreme peril of those at home, and to the great injury of the school. I am quite aware that this statement may be regarded as "none of his business," or be met by the remark, "We are quite capable of managing the school without any local interference," but, "Fiat justitia ruat cælum," the whole country side is interested in this affair, and there is nothing in the charter of the University that grants it the privilege of fostering, year after year, a hotbed of disease, that, fortunately, hitherto endemic, may, unfortunately, be changed in character, and become epidemic!

Last summer, just before the first outbreak of fever, when the accumulated filth of a drain, that was not a drain, and extended only a short distance beyond the foundations of the school, rendered the air offensive, by backing up its horrid stench into the building, and it became necessary to do *something*, what was done? The most dangerous thing that could have been done! The lid of the trap was raised, and the enemy let out! An enemy that had been a source of dread for years! And these *germs* were not even exorcised before getting their liberty! Incredible as it may seem, this *horrid thing* was actually opened *in term*, in the heat of summer, under the windows of school and college, and close to the public highway, *just before the close of the term.* When this hotbed of disease was opened, it was found. for the first time, that this particular drain had no outlet, and that it terminated almost under the dining-room, and in common by both grammar school and college. We all know what followed. Whether what followed was the result of the opening of that drain, at that time, God knows. But, it was an indiscreet act, one involving an utter disregard of the first principles of public health, and common decency, on the part of men in charge of a large public school. Either that drain should have remained untouched for another week, *or*, the boys should have been sent home.

In proof of the statement that the presence of typhoid fever

in the school has, at least once, been kept *sub rosa* for a longer time than was quite proper, I will mention what happened one Saturday night not long ago. It is customary for the boys to have a dance in the school every Saturday evening during the winter, to which "old boys" have a standing invitation. On the Saturday evening before the last outbreak of fever was publicly known, the boys met for their dance. A number of Lennoxville ladies attended, and some people from Sherbrooke. *When they were all assembled in the school hall,* they were told that Booth "had such a headache, and was so sensitive to noise," that it would be better not to have a dance that evening. It is true it was known that Booth and his brother, and Tiffin, and Ogilvie, and Stewart, had been on the sick list for two or three weeks, and two of them had been in bed for more than a week, but the other boys in the school knew only of it as a "bad cold"! All this was, of course, very considerate for Booth, but not quite so considerate for the other boys and the guests. The poor boy who died was taken home only that evening, or the day before, so dangerously ill with typhoid fever, that it was considered extremely perilous to move him. Now, either the school authorities knew, or they did not know, of the existence of this typhoid fever. If they *did not know* what the disease was, they are perhaps not deserving of much censure; but any illness at that time, and in that place, was to be looked upon with suspicion, and none with more suspicion than a bad cold. If they *did know*, the boys should have been sent home, or out of the school, at once, and their parents informed of the situation; or, the sick boys should have been sent home, or out of the school; and, most assuredly, it was hardly a proper place to allow guests to assemble in—*for a dance!* But it would appear as if everything must give way to the school. It would never do—for the reputation of the school—after all the expense just incurred in drainage, in chemical analysis of water, and in the search for that unseen mystery "which smoked with bloody execution"—a typhoid fever "GERM"! No! had not the result of a chemical analysis of the water in common use been flaunted in the face of unbelievers who had the temerity to maintain that while

the analysis, without doubt, was qualitatively and quantitatively —and every other way—correct, yet, as affecting the vital question, namely, *whether the water was, or was not, the source of the typhoid fever, it was not worth the paper on which it was written.* With all the refreshing innocence of childhood, men who had crossed the *pons asinorum*, and could discuss with ease the "differential calculus," proclaimed triumphantly that Dr. Baker Edwards, of Montreal, who had had a whole gallon of the water sent to him, had not found one single "germ" in the whole gallon! Of course Dr. Baker Edwards did not put it in that way; but inasmuch as the result of the analysis was recorded with great minuteness, each product represented in fractions of figures, looking down the long list, and seeing no mention of "germs" or "typhoid poison," they jubilantly concluded that the water in the school well was of the "first water"—in fact, everything that Lennoxville water ought to be! Had not Dr. Baker Edwards said so? It was highly amusing, just after the trial of this water, and the verdict of "not guilty" in its favor, to hear the ingenuity with which learned professors and divines —whom, I am certain, know more about theology than they do of hygiene—so satisfactorily accounted for the fever in the school. "It was not the water—they knew all along that it was not the water"—and if not the water, it must be the "*grub*"! Those basketsful of affectionate remembrances from innocent and loving mothers—those vile concoctions of plum-cake and other indigestible allurements, acting upon overworked brains, was the cause of this "*grub-fever*," which it had been attempted hitherto to honor by the name of typhoid! Ignorant were they of the fact, that this "germ," this "contagium vivum," this "cesspool poison," though it has a local habitation and a name, is known only in its habitation, while the exact form of its existence is, as yet, unhappily a matter of theory. But, no matter what its form, thousands of the first medical men in the world know, by experience and observation, that water, apparently the purest in the world, may contain this instrument of death, though the microscope and the severest analysis have failed to prove its presence. Whatever its origin may be, it is quite certain that

in looking for the cause of an outburst of fever, the weight of authority conclusively suggests, as the first thing to be done, an inquiry into the water supply, and whether that supply is exposed to percolation from privies or cesspools.

Dr. Alonzo Clark, of New York, in his very able "Lecture on Typhoid Fever," quotes from the "Transactions of the Medical Society for the State of New York," a report by Dr. Stoddard, of Rochester, which is peculiarly appropriate, as follows:—

"A certain limited portion of the city was invaded with the typhoid fever, while other parts of the city were exempt from the disease. Examination limited this area to about five acres. In the centre of this district was situated a well, the surroundings of which were very filthy. About 30 feet from the well was a privy, and the drainage from this was towards the well. On opening the well, the water was found free and clear from odor or taste. On microsopical examination, nothing unusual was found, and chemical examination disclosed little else of importance, beside a considerable amount of sodium chloride. The presence of the sodium chloride pointed to sewage pollution, as proved to be the case. To test the influence of the water upon those using it, a thorough census of all the families in this district was taken, the number of persons using the water ascertained; also the number using water from any other source, and the cases, character of illness, and deaths, which had occurred during the previous six months, with this result:— 87 families, consisting of 492 persons, occupy the district. 40 families, comprising 249 persons, *use water from this well.* Among these occurred 23 cases of typhoid fever, and one of diphtheria, during the period taken. 47 families, of 279 persons, *did not e the water.* Among these occurred two cases of fever during the same period! Among those using the water, the ratio of sickness was 1 in every 9.12. Among those not using the water, 1 in 139.5. It was ascertained that the *first case of typhoid in the district occurred in the family occupying the premises on which the well was located.* The well was im-

mediately closed, and *not another case of typhoid had appeared* after two months, in this section."

The above may be taken as a fair sample of the experience of the profession generally, as evidenced by recent articles in the medical journals of the day, not only in this country, but in Europe; and it is so eminently suggestive to those in charge of public schools that I quote it.

Some seven or eight years ago, from causes similar to those at present existing, Drs. Robertson, Johnstone and myself were requested to examine and report upon the then state of things. After going over the College and school buildings, we found everything in the most admirable order—everything done that could possibly be done to secure the health and comfort of both students and school-boys; that is, everything inside the buildings proper. Going over the grounds, however, we found a huge privy, used in common; and I have no hesitation in stating that that privy was the filthiest thing I ever saw, utterly disgraceful. So sickening was it that one of the medical commission retired in haste, with a result that may be guessed at.

That privy was unanimously condemned, and it was suggested that as the water supply was obtained from a well within a suspicious distance from the privy, the water should be sought for from some other source, and that the water of that well should not be used under any circumstances for cooking or drinking. The privy was immediately closed. The well has continued to be used *hinc illæ lachrymæ!* How this privy was closed up—whether the latrine was first emptied and the hole filled up, or the whole covered over with earth—I do not know; nor do I know the exact distance of the old latrine from the well, but, at a rough guess, I should say that the south angle of the rear of the present school building, the well and the site of the old latrine would form an angle whose sides would be about 60 feet. The latrine was a large hole, without outlet, and the well being a deep one, both being in a light sandy or gravelly soil, nothing could be more favorable for percolation from the latrine to the well. The water in that well still has its friends, and it cannot be denied that its appearance is rather prepossessing; but at

times I have known that water to *stink*,—but with a wonderful fertility of resource, whenever it did so stink, it was found that some harmless frog was "at the bottom of it," and then there were congratulations and renewed confidence in the water.

I doubt very much if that well should be regarded as a "spring," or other than a deep hole for the collection of surface drainage. Now, as this privy had been in use for many years before by a large public school, it is quite fair to infer that the soil in its neighborhood was fully saturated with a source of every-day danger, and no spot in the neighborhood more than this well, which, from its depth, rather courted contributions, and thus became, in my opinion, a very magazine of disease and death.

So satisfied was I that the well was always the dangerous thing, having two boys at the school, as day scholars, I emphatically ordered them never to drink of that water. Of course, I may be mistaken, all the medical experts may have been mistaken, even Drs. Osler, Cameron and Simpson—whose report I have not yet seen—but if only one respectable medical man had ever said "Boo" against the well, that "Boo" ought to have been considered, particularly as it would have been an easy matter to shut up the well for one term, as an experiment, but even that was never done.

At last, the well is to be closed, and I will venture the prediction that this incubus upon the fair fame of Lennoxville Grammar School will never be heard of more.

There is one thing, however, that I will suggest, besides closing the well. It is this, inasmuch as the cellar of the Grammar School is not further removed from the old latrine, than is the well, it is only fair to infer that it is within poison reach; would it not, therefore, be wise, simply as a precautionary measure, to cause the whole surface of that cellar, and its walls, to be covered in cement?

I have written plainly in this article, rather in a public than in a medical point of view, and I think I have written in the best interests of the School.

It has been most unfortunate for the School that it has had

men at the head of it, who have thought that they knew everything in the world, and out of it, better than anybody else; who built a splendid School-house, and years afterwards discovered to their amazement that its main drain had no outlet; and who, on one occasion, ridiculous as it may seem, permitted (at any rate the thing was done) a broken pipe from a water-closet in the building to be mended with a piece of old stove-pipe.

REMARKS ON CLUB-FOOT.

HAVING SPECIAL REFERENCE TO THE EMPLOYMENT OF THE GYPSUM BANDAGE.

By T. G. RODDICK, M.D.,
Prof. of Clinical Surgery, McGill University; Attending Surgeon Montreal General Hospital.

(*Read before the Medico-Chirurgical Society of Montreal.*)

Mr. President and Gentlemen,—There is, perhaps, no congenital deformity of such frequent occurrence as that usually described under the term "Club-foot," and yet it would be difficult to find a surgical condition, the treatment of which is so commonly shirked by the general practitioner, and is, withal, usually so unsatisfactory. This is doubtless explained in that the methods of treatment ordinarily recommended exact a greater amount of attention from the busy practitioner than he can usually afford to devote to any one class of cases; and, moreover, the cost of apparatus often constitutes an item of considerable magnitude in the case of persons whose means are limited. It has always, I think, been one of the great aims of the profession of our day to simplify its *armamentarium*, where, of course, that simplicity is not obtained at the expense of strength and usefulness. Simplicity also begets economy, so that our knowledge and skill will be found now-a-days to benefit a much greater number of our suffering humanity than was the case with our predecessors. Thus, to give one illustration, the amount of suffering and the number of untimely deaths which Sayre has been instrumental in alleviating and lessening, through his energetic advocacy of the "plaster jacket" in spinal caries, can

never be told. There are, perhaps, without any exaggeration, thousands of children on this continent and in Europe to-day, the subjects of Potts' disease, wearing this simple and inexpensive apparatus, and moving about with comparative ease and comfort, who otherwise, by reason of their poverty, would have been doomed to a miserable existence and an early death. So in the treatment of other surgical diseases there is a constant and growing desire on the part of our profession to simplify plans and economize material. I have treated to a successful issue more than one case of hip-joint disease in the house of the poor laborer, and I am convinced that the total cost of the apparatus employed throughout a long illness would be covered by one dollar; and in this experience I know I am not singular.

In the treatment of club-foot also, there has of late been a disposition on the part of surgeons to disregard the complicated and expensive shoes hitherto in vogue, and to substitute a simpler and often more common-sense form of dressing. Thus in the out-patient departments of the great London Hospitals, these deformities are treated by tin, or pasteboard, or felt splints, which are so easily moulded, and later, perhaps, by a gutta percha boot. I had an opportunity, when in London, of watching a number of cases treated in the Children's Hospital, by the tin splint, adapted, in the case of varus, or equino-varus, to the outer surface of the leg and foot. I saw children in whom this treatment had been followed by very admirable results. I noticed, however, that the ordinary bandages employed were constantly becoming loose and ineffective, and the treatment was on that account often most unsatisfactory. In the winter of 1877, I happened to have under my care in the General Hospital some five club-feet of the equino-varus variety, which gave me an opportunity of testing several modes of dressing. I found that I obtained the best results from a combination of *strapping*, such as that recommended by Bryant, and the *gypsum bandage*, having performed tenotomy when and where required. My original method I have since modified in a slight degree. I will proceed, with your permission, to describe in detail the plan which I now almost universally adopt.

In the first place, I would state that over ninety per cent. of all the cases of congenital club-foot which I have had an opportunity of examining belong to that compound variety termed talipes equino-varus. This fact may not be borne out by the experience of others present, but such is my experience. A pure varus is rather a curiosity to me, and a congenital talipes equinus I have never yet seen. A pure congenital valgus is rarely met with excepting in connection with knock-knee, and will be usually soonest relieved by treating the latter. In any case, the treatment of valgus is most unsatisfactory, and in children very little can be done. I have a case at present under my care in which I believe I am correcting the deformity, and certainly relieving the symptoms, by means of an air pad which I have had adapted to the sole of the boot, the ankle being at the same time supported by steel bars. I doubt whether division of the perineal tendons can be of any material benefit in the deformity. The other varieties of talipes described are comparatively very rare, are usually paralytic in their origin, and are benefited often more by general treatment than by any special surgical appliance.

Talipes equino-varus is then undoubtedly the most common variety of "Club-foot," and to the treatment of it I intend, on the present occasion, solely to refer. It is due, as you are all aware, to a contracted condition mainly of the muscles, inserted into the tendo Achillis, and the tibialis anticus and posticus muscles. The sole of the foot is also usually shortened through contraction of the plantar fascia. In treating the new-born infant, I trust for a time to manipulation, instructing the nurse or mother to handle the foot frequently, and I give it my personal attention occasionally. At the end of one month, or two at the latest, depending on the vigor of the child, I proceed to perform tenotomy under chloroform. Contrary to the instructions usually given, I first divide the tendo Achillis, as I have found, on more than one occasion, that the tibial tendons may not require division, but that the deformity can be quite corrected by the single tenotomy. The tendo Achillis seems in many of these cases to be inserted chiefly into the inner and

posterior border of the os calcis and not into its lower central portion, so that it tends, while drawing the heel upwards, to invert the foot at the same time. The plantar fascia, however, almost invariably requires division. Having tenotomised, I bring the foot at once into position, and seal up the wound with absorbent cotton, retained in place by ordinary adhesive plaster. I then take a strip of that excellent rubber plaster, recently introduced into the market, of the width of an inch, and apply it, beginning about the centre of the dorsum of the foot, carrying it round the sole, over the most prominent part of the outer border, and up the outer side of the leg to the lower third of the thigh. This will be found to throw the foot out, and at the same time to flex it on the leg. Another plaster, less than an inch in width, is made to encircle the limb opposite the ankle, and this will be found not only to do service in keeping the first strip in position, but also to increase the eversion of the foot. A flannel bandage is now applied, and then one or more of cotton, or gauze, and the whole well starched. Care is taken that the dressings are not too firmly applied, as the circulation is apt to be seriously interfered with in this altered position of the foot. The child necessarily suffers for the first few hours, and I usually prescribe some anodyne to be given if required. The anæsthetic is invariably continued until the dressings are all applied.

At the expiration of five days everything is removed; the foot and leg are well bathed, and if the tenotomy wounds are closed, and not likely to give further trouble, I again apply the strapping, and then a *plaster of paris* bandage *directly* to the skin. I encase the foot in plaster, leaving the toes only exposed. In about a fortnight this is removed by dividing it carefully down the centre either in front or behind; passive motion for a few moments is practised; fresh strapping readjusted, and the same case (if in good order) again applied and held together by another plaster bandage. This process is repeated every ten days or a fortnight for a couple of months or longer, depending on the severity of the case.

I have brought here, for your inspection, a child on

whom I operated a little over a year ago. It was a very well marked case of equino-varus. I found it necessary to divide both the tendo Achillis and the tibialis posticus tendon. The child was under treatment for three months, since which time nothing but an ordinary shoe (such as this) has been worn. The little thing is now fifteen months old. I had hoped to show you two other cases, in both of which both feet were clubbed, but one of them died in August last of some infantile disorder, and the present address of the other I could not obtain in time to have him at this meeting. The results in both cases were admirable. I may say that now and then, in very restless children, I secure the movements of the knee-joint by a back splint of leather or pasteboard.

I am aware that some of the English surgeons have, within the last year or so, recommended the employment of gypsum dressings in the treatment of club-foot, but their method of application will be found to differ from that just described in many important particulars, notably in the adaptation of the retaining straps, and the application of the plaster directly to the skin. The latter device is especially worthy of note, for when cotton wool is employed, as in ordinary cases, beneath the bandage the foot is much more likely to become displaced. The difficulties attending this method, doubtless, increase rapidly with age, but my experience hitherto has been confined to cases under one year.

CASE OF RHEUMATIC PURPURA.

By W. A. MOLSON, M.D., M.R.C.S., Eng.,
Attending Physician Out-Door Department Montreal General Hospital.

[*Read before the Medico-Chirurgical Society of Montreal.*]

On Nov. 1st, 1880, was called to see M. M., æt. 19, and found her suffering from an attack of acute tonsilitis, this being her third attack within five weeks. There had been a distinct rigor two days before.

Nov. 2nd.—Throat symptoms much relieved this morning, the tonsil having discharged a good deal of pus during the night. Patient complains of severe pain in her ankles, which are swollen, red, and very tender on pressure. Temperature, 102° ; pulse,

112; headache, and nausea. Ordered joints to be wrapped in cotton wool, and salicylate of soda gr. xv. to be given every three hours. 5 p.m.—A purpuric papular rash has appeared on the feet, ankles, legs and thighs, equally distributed on both the upper and lower surfaces. The spots are distinctly raised, and of a bright red color; they do not fade on pressure, and vary in size from a hemp seed to a half dollar, many of them being distinctly crescentic in outline. No spots on any other part of body.

Nov. 3rd.—Pulse 100; temp. 102⅕°. No sweating; no new joints affected. Patches are much darker to-day, and have a mottled look; no new ones.

Nov. 4th, 10.30 A.M.—Pulse 120. The right wrist and hand are much swollen, and on the back of the right hand there is a large, very dark discoloration, the edges being much brighter in color. There is much pain in wrist. 4.30 p.m.—Saw patient with Dr. Osler, when the following condition was found: Both elbows, ankles and wrist joints swollen and painful; pulse 128; no sweating. There is an extensive purpuric rash on the lower extremities, equally distributed on both legs and thighs, and most abundant on the posterior surfaces. It is made up of large irregular purplish areas, which are not affected by pressure. Most of the patches are in contact with each other at certain points, leaving irregular tracts of unaffected skin, which are not injected. The greater part of the skin on the dependent parts of the thighs and legs is involved; the patches on the anterior parts are much smaller and more discrete. No spots on the body or arms except the back of hand on right side. On the face, which is not swollen, are three peculiar spots on left side; they are arranged in line, about a quarter of an inch apart from the malar prominence downwards, and are about the size of a ten cent piece; the centre one has an extravasation, but the other two are anæmic and elevated. There is a slight swelling, but no injection about them. On the right cheek are two small, slightly elevated spots, which are purpuric in the centre. There is a sanguineous discharge from the vagina—second time in four weeks.

Nov. 5th.—No change in the condition of joints, but the erup-

tion has developed in a remarkable manner on the face, which presents the following appearance: The chin and lower lip are greatly swollen; the skin glazed-looking and pale at the peripheral parts, deeply ecchymotic at the centre. The swelling is so tense that it scarcely pits on pressure. It is painful, and movement of the lower lip is impossible. The eyelids are swollen, almost closing the eyes, and at the outer parts are becoming purpuric On the right cheek, just below the malar prominence, is a patch the size of a cent, elevated, anæmic at the margins, ecchymotic at the centre, and looking not unlike a spot of erythema nodosum. On the same side, just above the zygoma, is a similar patch, and on the left side of the face there are four, one just above the zygoma, the other three on the cheek being those described in yesterday's note, increased in size and more œdematous, but the skin interspersed with hœmorrhages. Altogether the appearance was most remarkable, almost like what one might expect in infarction, if it took place in the skin. The rash is fading on the extremities. A fresh spot, size of a penny, has appeared on the sternum. Heart sounds normal; sweating profusely, particularly on the head. Passed only a small quantity of urine, which was not kept.

Nov. 6th.—Condition remains much the same, but many new patches on the body. The eyelids are now so swollen that they cannot be opened. The gums are swollen and spongy, and bleed on pressure.

Nov. 7th.—Pulse 104; temp. 101⅗°. Passed about 3 ozs. of urine during last 24 hours; no albumen; urine dark-colored. Swelling of face decreasing

Nov. 8th.—Joints not so painful, though still much swollen. Pulse 90. Condition of eruption as follows: Face looks as if she were recovering from a severe beating, the greater part being "black and blue." The lower half of the ocular conjunctiva of right side is ecchymotic, having come on during the night. The eyelids of left eye, and the surrounding skin for a distance of about an inch from the lashes, is of a livid red color, not disappearing on pressure, and only slightly swollen. Lids of right eye in same condition, but staining does not extend so

far on lower lid. No conjunctival effusion on left side. Swelling of lip and chin much diminished, leaving the skin of a purple red color, with spots interspersed of a darker color. The mucous surface of lip covered with a dark scab. There are a few small, flat spots on the left ear. An extensive new crop of petechiæ has appeared on thorax and belly; no spots more than a few millimetres across, most of them being punctiform. The left arm is much swollen at the elbow, in the flexure of which there is a purpuric patch 6+5 cm., and also a few small bullæ. The flexor surface of the forearm near the spot has a bluish-green bruised look, and is much swollen. There are also about a dozen spots scattered over the arm, varying in size. On the right arm, on the outer side, there is a patch the size of the palm just above the elbow. There are also several fresh spots about the wrist. The old rash on the legs is fading rapidly, ten or fifteen new spots having appeared during the night.

Nov. 9th.—Continues to improve. The tongue, which was coated with a white fur, is cleaning; swelling of joints decreasing. Fresh crops of spots on right wrist, right hip, and back of thigh.

Nov. 12th.—Is convalescing rapidly. Swelling and pain of joints entirely disappeared. Slight staining of the face where the extravasations were situated. A fresh crop of spots appeared to-night on the legs. An irregular pale-brown discoloration can be seen in the localities from which the original eruption has faded. From this date the patient went on rapidly to complete convalescence, a few new patches appearing occasionally.

Remarks.—Rheumatic Purpura, says Living, in the *Lancet* for Sept., 1877, is a disease with fairly defined symptoms. Thus far most observers are agreed, though they hold different views as to its nature and affinities. By some it is regarded as a form of rheumatism, by others as a kind of purpura, and by a third set as a scorbutic affection; but he considers it a kind of erythema, in which cutaneous hœmorrhages and joint affections are prominent symptoms. Two cases of erythema with purpura are reported in Vol. III. London Hospital Reports. In 1829, Prof. Von Schonlein described, under the name of Peliosis

Rheumatica, what he thought was a new disease, characterized by purpuric spots and acute articular pain. Later on, Hebra and others recognized this as a distinct disease, and his description of it closely resembles Von Schonlein. He says the disease begins with dragging pains in the joints and feverish symptoms, and that when dark red, livid, or almost black spots appear on the skin the rheumatic pain subsides. He also mentions that the disease is most frequent between 20 and 30, and in males. Fuchs and some other German writers regard the disease as allied to rheumatism, but yet sufficiently distinct as to be regarded as an independent disease, and distinct from both purpura and erythema, while Dr. Bohn, of Konigsburg, regards it as identical to erythema nodosum, and conjectures that in both cases the eruption is due to embolism of the cutaneous capillaries. The French writers are almost unanimous as regarding it as a variety of erythema nodosum.

In Ziemssen's Cyclopædia, Vol. XVI., Senator appears to disbelieve in true purpura rheumatica as a separate disease. He says that in anæmic persons you sometimes get articular pains unattended by any change or swelling in the joints, but present in a slight degree; that the two diseases should be kept separate, as you never get sweating, which is so constant a symptom of rheumarthritis purpura.

BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women, &c.

The Treatment of Rupture of the Uterus.—Two important papers on this subject have recently appeared. One of these, by Dr. R. P. Harris, in the *American Quarterly Journal of Obstetrics*, is entitled: "If a woman has ruptured her uterus during labor, what should be done to save her life?" Dr. Harris refers to the valuable papers of Dr. Trask, of Astoria, New York, on "Rupture of the

Uterus," based upon a collection of 417 cases, and published in 1848 and 1856. In these articles Dr. Trask shows the dangers of rupture under the ordinary methods of treatment, as contrasted with the results of delivery by abdominal section, and proves the great superiority of the latter in saving life. These figures were, however, made up from reports of published cases, a small proportion of the whole, because they are generally confined to those of special interest from recovery or peculiarity otherwise. Dr. Harris has, after nine years labor, collected in the United States 39 cases of laparotomy for rupture of the uterus, with 21 recoveries, a percentage of 53¹⁄₁₁. The author then alludes to the treatment advocated by the newest text-books. Playfair's rules are as follows:—1. If the head or presenting part be above the brim, and the fœtus still in utero, the forceps, turning, or cephalotripsy, according to circumstances. 2. If the head lie in the pelvic cavity, forceps or cephalotripsy. 3. If the fœtus have wholly, or in great part, escaped into the abdominal cavity, gastrotomy. Leishman's teaching is essentially the same as Playfair's. The cases in which the child still remains in utero are not common; usually it is found to have escaped with much extravasated blood into the abdominal cavity. The usual plan of treatment recommended is to pass the hand through the fissure, seize the feet, and drag the child back through the torn uterus, and then to reintroduce the hand and search for and remove the placenta. In condemnation of this practice Playfair justly says: "It is surely hardly a matter of surprise that there is scarcely a single case on record of recovery after this procedure."

Dr. Harris designs in his paper to take a step in advance of Drs. Trask, Playfair and Leishman, and advocates, in all cases of rupture, whether the child remains in utero or not, the opening and careful cleansing, (the toilet of the peritoneum) of the abdominal cavity. He bases his arguments on the facts and considerations already stated, and adduces in support the remarkably small fatality of laparotomy in ovarian tumors. Ludwig Winckel asserts that liquor amnii is not injurious if it simply escapes into the peritoneal cavity and is then removed. Blood,

with the same precautions, is also innocuous, but both may light up peritonitis and septicæmia. The marvellous success of Keith of Edinburgh in ovariotomy is believed to be due to his great care in securing every tiny blood-vessel that may possibly bleed into the peritoneal cavity, and cleansing out every particle of escaped blood. By such methods he has saved 97 out of his third hundred of cases. The experience of all modern operators in abdominal surgery goes to show that we may with considerable impunity, by antiseptic precautions, open and cleanse the abdominal cavity. Dr. Harris has undoubtedly a good case, and his paper is well worthy of perusal.

The second paper is by Dr. Frommel, assistant physician to the Gynæcological Clinique in Berlin, and appears in the *Centrallblat fur Gynæcologie*, No. 18, 1880. Its subject is the report of two most interesting cases of rupture of the uterus. The first case is that of a patient aged 40, who had previously borne 12 children, and had slight pelvic contraction—the diagonal conjugate diameter being 4 inches. The labor had been tedious and prolonged, when it became suddenly arrested, and Dr. Hoffmeier was sent for. Without much difficulty by version he removed a dead full-grown child. Then he discovered an almost complete transverse rupture of the uterus between the lower segment and the cervix, only a bridge of tissue about 2½ inches broad to the left and anteriorly remaining to connect the two. The peritoneal investment of the uterus was quite entire; but as the child had passed out through the uterine tissue, it was almost completely separated from the uterus, so that now a large cavity, shut off from the peritoneal cavity, existed. The patient was placed under chloroform and this cavity thoroughly irrigated with a warm two per cent. solution of carbolic acid, and a thick drainage tube introduced and made secure. An ice-bag was laid over the abdomen. The patient was now in a very satisfactory condition. Pulse 84, strong and regular. No vomiting. The highest temperature, 100° Fah., was noted on the evening of the sixth day. This was the only time that an antiseptic injection was made through the drainage tube. For the first few days patient was restricted to fluid nourishment; after the

eighth solid food was allowed. The discharge from the drainage-tube was at first a tolerably copious bloody fluid, which gradually became pure pus. On the twenty-sixth day, the discharge having ceased, the drainage-tube was removed. On the twenty-eighth day she was allowed to leave her bed, and on the thirtieth discharged from hospital. At this time, on internal examination, an opening several centimetres deep was found to exist anteriorly, through which the finger could penetrate to the peritoneum. On the right was a considerable amount of exudation, the uterus dislocated to the left and retroflected. General condition good.

The second case was that of a woman of 30, who had suffered from rickets in early life, and was the mother of three children born naturally. In her fourth labor she was in charge of a midwife, who, because it was tedious, gave her patient four powders of ergot. A medical man was sent for, and he prescribed morphia. By the assistance of another, rupture of the uterus was diagnosed, and laparotomy decided on. This it was impossible to carry out on account of the drunken husband of the patient; so she was taken to hospital. An examination under chloroform discovered the parts of the child directly under the abdominal walls. Internally the child lay with the head presenting, quite moveable, at the pelvic brim; the whole child and placenta in the abdominal cavity. The body of the uterus was almost entirely torn from the lower segment and cervix, except for a small connecting part on the posterior wall, and lay powerfully contracted, pushed upwards and backwards. Professor Schroeder at once delivered by version and extraction a recently dead full-grown female child. The abdominal cavity was now thoroughly irrigated with a two per cent. solution of carbolic acid, and a large-sized drainage-tube introduced as high as possible. A bandage was then applied over the abdomen in such a way as to compress the uterus downwards and backwards, and prevent any great accumulation of blood in the abdominal cavity. An ice-bag was applied over the abdomen. The condition of the patient thereafter was wonderfully good. No elevation of temperature. Pulse somewhat frequent and irregular, but of good

quality. The course of the case was favorable. During the first few days, the discharge from the tube was copious and bloody; after six or seven days it was purulent. On one occasion only did the temperature rise to 101° Fah. As often as it rose to 100°, which it did on several evenings, a two per cent. solution of carbolic acid was injected through the drainage-tube into the cavity. This readily flowed out past the tube. For the first few days opium was given to control the peristaltic action of the intestines and permit of the formation of adhesions around the torn part. On the seventeenth day after delivery the drainage-tube was removed, and the opening found large enough to hold the tube only. A small quantity of healthy pus was secreted. On the nineteenth day the patient got up, felt well, and complained of nothing. Two days afterwards she was discharged.

Obstructed Labor, the result of Emmet's operation.—Dr. J. E. Janvrin reported the following important case to the New York Obstetrical Society on the 2nd March, 1880. The patient was a multipara, aged 36; had been in labor 24 hours, with tremendous pains. She had been operated upon two years previously at the Woman's Hospital for lacerated cervix. On examination, there was no dilatation whatever of the cervix; the opening was no larger than a pin-hole. The hot-water douche did no good, even after three or four hours' trial. Chloroform was then given and the cervix incised on both sides; afterwards dilatation with the fingers was practised. In half-an-hour the forceps was applied and the patient delivered of a dead child.

The Treatment of Adherent Retroflexion.—A paper by Dr. Erich of Baltimore, describing the treatment of seven cases of this troublesome affection by a new method, appears in the *American Quarterly Journal of Obstetrics* for last October. As the author remarks, "under the current teaching of nearly all gynæcological authorities, such cases would have been doomed to more or less hopeless palliative treatment." In the light of our experience of the treatment of adhesions in the operation of ovariotomy, in which, with certain precautions, they are separated with comparative harmlessness, Dr. E. thinks that the separation of a few square inches of peritoneum in the retro-uterine space,

with complete exclusion of air, and with consequently no danger of septicæmia, is not so serious an operation as it has been hitherto considered. The only precedent for the undertaking Dr. E. has been able to find is a procedure advocated in a clinical lecture by Prof. Schultze of Jena, in which he asserts that if there be adhesions which prevent replacement, he divides them carefully, but firmly, and then puts the patient to bed for a few days and applies an ice-bladder over the womb. He has never seen peritonitis result from this method of treatment. He warns, however, against mechanical interference if the fixation of the womb is due to parametritis, or if there be peritoneal adhesions between the uterus and ovaries or Fallopian tubes. We think that such refinement of diagnosis as to make out accurately certain of these latter conditions is rarely possible.

Dr. Erich's method of procedure in these cases was to dilate with sponge or tupelo tents, then introduce up to the fundus a slightly-curved steel sound, with thick blunt end measuring 36 millimetres in circumference, and with this to draw or raise the uterus to its normal position. An intra-uterine stem and Hodge vaginal pessary were then introduced, and the patients put to bed for a week. There were no evidences of peritonitis in any of the seven cases. The ice-bag was never necessary. As to the results, a strong tendency to return of the displacement occurred in some of the cases, but while the others have been under observation no such return has occurred. All have been relieved, and some quite cured, of the symptoms.

Correspondence.

LONDON LETTER.—SURGICAL NOTES.

To the Editor of THE CANADA MEDICAL AND SURGICAL JOURNAL.

SIR,—Perhaps your readers may not begrudge the time spent in perusing these fragmentary and imperfect notes, which, in some feeble manner, may indicate what is going on in the largest of the metropolitan hospitals—the great London Hospital, with its 800 beds.

In the department of surgery I very naturally elected to follow

the illustrious Jonathan Hutchinson, whose kindly, gentle manner charmed me quite as much as his classical but unostentatious clinics, sometimes given in a few important sentences by the actual bedside of the patient, sometimes at more length in the operating theatre. His views upon Chloroform administration are so important that I shall give them briefly: He holds that it being a matter of fact that many children over a certain age die under Chloroform, and that many persons, of all ages, frequently barely escape death, it can be no longer questioned that this drug is not innocuous. He thinks Ether almost without danger, and lays down the following rules for the administration of Anæsthetics:—

(1.) Chloroform may be safely administered to children under six months of age.

(2.) Between the ages of 6 and 30 years, Ether should be substituted for Chloroform.

(3.) To give Ether first, and then maintain the anæsthesia by Chloroform, is comparatively safe.

As a matter of practice, Ether is always, or almost always, given in this Hospital to adults, and a special apparatus is employed by which the patient can be anæsthetized almost, if not quite as quickly, as by Chloroform, and kept so without the slightest difficulty. The lower jaw is held well forward, but I have never yet seen the tongue drawn out—indeed, there seemed to be no ground for the slightest anxiety. Mr. Hutchinson used the *Thermo-Cautère de Paquelin* a good deal in operations on the face—as for Lupus, &c. In one instance it was applied when I happened to be present to the hard palate for Lupus. Mr. Couper, however, tied piles, and did not use the Cautery. He strongly advocates snipping off a *portion* of the external hæmorrhoids, when the internal are ligatured; otherwise they will, in all probability, require another operation. Mr. Couper, instead of injecting Tr. Iodin., or any other irritant, into the sac of a Hydrocele, simply places a drainage tube in an opening into the sae, and retains it in position; this simple foreign body exciting the required inflammation without the severe pain caused by the process of injection. It has always

appeared to me that there was a good deal in the directions of the books relating to Hernia, and the operations for their relief, that was mere book; in other words, not followed in practice. I have within a few days seen Mr. Hutchinson operate for the relief of an oblique inguinal triangulated hernia, and Mr. Couper for a femoral. They both seemed to observe all caution after the skin was cut through, but neither used a director during any stage of the operation, and seemed to follow the dictates of common sense, enlightened by a sufficient knowledge of practical anatomy, rather than any fixed rules.

Mr. Hutchinson's remarks on "the Taxis" do not accord with Bryant's views, though the former seems to base them on the success of this manipulative proceeding. The success which has followed it, he believes, has been due largely to the perseverance displayed, and as much to the strength of the fingers as to the skill of the manipulator. These remarks apply, of course, only to recent hernia, when no gangrene of bowel complicates the case. In the instance that resulted in operation, four different surgeons tried before the cutting operation was resorted to; but as soon as it was ascertained that reduction was impossible, the patient was immediately relieved by the knife, for, of course, he had been under the influence of an anæsthetic all the time the taxis was being tried. The antiseptic spray was employed.

Mr. Couper also operated antiseptically, and applied Lister's dressings after the wound was closed. After the constriction (femoral hernia) was reached by the index finger, and grasped by it, a blunt-pointed bistoury was passed along the finger—it being first ascertained that no loop of intestine protruded in the way—and the blade very lightly *turned* a little, when the constriction at once yielded, and the reduction was completed; a drainage tube was placed so as to protrude from the lower part of the wound, the latter being closed by sutures.

Mr. Hutchinson's remarks on "Fracture of the Femur" were decided. After having tried fairly the double-inclined plane, he has arrived at the following practical conclusion, which I give you in his own words: "I put up all fractures of the femur

with a straight splint, with *vigorous extension*, using a strong perinæal band. It is a good plan to put up the limb with an anæsthetic." So that there may be no doubt about a matter of such actual concern to patient and surgeon, I have been careful to write in my note-book the exact words this distinguished surgeon used.

Upon measuring a patient's legs that had just had a splint removed from a united fractured femur, it was ascertained that the injured limb was really the longer; upon closer examination the difference was found to be explained by the fact that the tibia of the sound limb was the shorter of the two. A difference in the length of the two legs, experience proves, is not uncommon, and doubtless, when slight, explains certain peculiarities in gait which are scarcely of sufficient moment to be called a limp.

Mr. Hutchinson is very felicitous in expressing his opinions on the matter to which he has given so much thought and investigation—that of Syphilis. To say, as he did at the bed-side, "Syphilitic eruptions often come in waves," seemed to me to express briefly and perfectly that condition we are all acquainted with—of one rash following before its predecessor has quite faded; the poor patient being an afflicted Job, without, however, that ancient worthy's sense of rectitude to console him. Attention was called in the ward to a case of syphilis that was remarkable enough. The patient had on his hand a suspicious sore, for which he could not account. It was manifestly a hard chancre (I do not hear the term "chancroid" used here, "soft chancre" being substituted.) He had had no sore of any kind on the generative organs; but the nature of the sore on the hand was confirmed by the presence of an unmistakable specific rash on the body, especially about the flexures of the limbs, where Mr. H. says it may appear *when seen nowhere else.* A further point of interest in this case was the presence of enlarged and *suppurating* glands in the neck, Mr. H. stating, as we all know, that suppuration is rare. It does now and then occur, however. Reference was made to the case of a policeman who had chancres on every part of the body where he had been

bitten by a syphilitic patient he was attempting to arrest. Truly "a policeman's lot is not a happy one."

Scraping for certain forms of Cancer seems to be a common practice now. To illustrate, Mr. H. was brought in consultation to a case of extensive Superficial Epithelioma of the Buttocks, extending upwards from the Perinæum. It presented a raw looking surface, with a glazed appearance added, as though it had been varnished over roughly. Mr. H. suggested either the Cautery or Scraping, giving the latter the preference.

Mr. Waren Tay exhibited a pathological specimen, taken from a fatal case of Intussusception of the Ileum that he had had. Mr. Hutchinson was called in consultation. There had been a tumour in the R. Hypochondrium, but it disappeared. This disappearance rendered the diagnosis somewhat uncertain, notwithstanding the other symptoms. Also the child had passed three hard motions. It had passed blood, but no bloody mucus. I mention the case among the Surgical Notes, because Mr. H. proposed to cut down upon the tumor and relieve the Intussusception, which could easily have been accomplished, as the condition of the specimen showed; but the diagnosis was not quite clear, and it is only when such certainty as to diagnosis exists that the operation is considered justifiable. I think I am correct in stating that Mr. H. has successfully performed this operation more than once.

I must not omit to mention an interesting case under Mr. Couper. An Aneurism appeared in a young man in delicate health, after a protracted fever. It was in the line of the femoral artery, just below Poupart's ligament, and was at first mistaken for Aneurium of the main vessel, but later it was thought to be of the profunda. It was cured in *six hours* by digital compression. Mr. Couper thinks a better result is obtained if a little blood is allowed to pass under the finger, than when total stoppage of the blood stream is effected. It may be mentioned that this delicate patient has since (two weeks after) not been in very good health; the temperature has been elevated, and there have been some symptoms of Emboli in the vessels of the leg. But I must not weary you, Mr. Editor, so close the first letter by signing myself, Yours faithfully, T. W. M.

Reviews and Notices of Books.

Diseases of the Pharynx, Larynx, and Trachea.—By MORELL MACKENZIE, M. D., Lond., Senior Physician to the Hospital for diseases of the Throat and Chest, Lecturer on Diseases of the Throat at the London Hospital Medical College, &c. New York: Wm. Wood & Co. Montreal: Dawson Bros.

A part of the matter contained in this treatise had already been published in the pages of the *Lancet*, *British Medical*, and *Medical Times*, but "by far the larger portion is now published for the first time." The first section contains a very complete account of all the affections of the soft palate, tonsils and neighboring parts, including malignant and specific growths and ulcerations, diphtheria, the peculiar appearances observed in scarlatina, and other exanthems, and in certain of the specific fevers. The second is a condensation of Dr. Mackenzie's well-known monograph on the larynx, the laryngoscope, and the diagnosis and treatment of laryngeal disease. This has long been one of the principal standard works on laryngology. The third section deals specially, and at some length upon the troubles which may occur in connection with disease in, or disturbance of the trachea, inflammatory conditions, strictures, tumours, and wounds of this part are particularly detailed. Also, foreign bodies in the trachea. The important subjects of laryngotomy and tracheotomy are also considered, the best method of operating, the dangers, the after treatment, &c. The whole is concluded by a useful Appendix of Formulæ. Amongst these are recipes for steam inhalations, sprays, gargles, insufflations, &c.

From this resumé of the contents it will readily be seen what a large field is covered by the treatise. It need only be added that it seems to be very complete in all its parts, the views held with reference both to diagnosis and treatment, carrying with them the weighty authority of one of the most able and experienced specialists of Great Britain. The book is illustrated with a large number of wood-cuts, and is gotten up in very good

style. It is one of the "Library" series, and will no doubt be welcomed by the subscribers.

A Practical Treatise on Fractures and Dislocations.—By FRANK HASTINGS HAMILTON, A.M., M.D., LL. D., Surgeon to Bellevue Hospital and New York; Consulting Surgeon to Hospital for Ruptured and Cripples, to St. Elizabeth Hospital, &c. Sixth American Edition, revised and improved. Illustrated with three hundred and fifty-two wood cuts. Philadelphia: Henry C. Lea's, Son & Co. Montreal: Dawson Bros.

This new edition of the above well-known standard work is welcome. Strange as it may appear, Prof. Hamilton's "still remains the only complete treatise on fractures and dislocations, in any language, except that of Malgaigne, which latter has undergone no revision or re-publication since the date of its first edition." Every chapter of it deals with most important cases, many having value, both from the standpoint of diagnosis and treatment, and not unfrequently from a medico-legal aspect as well. The author is well-known as an excellent writer, whose explanations and descriptions are always clear and particularly felicitous. These are aided by the introduction of a large number of excellent wood-cuts, which greatly enhance the value of the book to the reader. It is twenty years since the first edition, and during the whole of that period the special subjects treated of have received the constant study of the energetic writer, whose experience, owing to an extended reputation in this particular department, has been enormous. For the informatien of those acquainted with the earlier editions, we quote the following from the preface to show the chief additions made in the present re-publication :—"A chapter has been added on general prognosis; the chapter on fractures of the patella has been entirely re-written, in order that the results of a recent exhaustive study of this subject might be given; and most of the chapters have undergone thorough revision. Several illustrations have been omitted to make place for new ones,

and a few additions have been made from the German edition, published in 1877, at Göttingen."

Of the publishers' work we cannot speak too highly. The book is very handsomely printed on excellent paper, and the binding in half Russian leather makes of it an elegant addition to the library.

Treatise on Therapeutics.—Translated by D. F. Lincoln, M.D., from French of A. Trousseau, Professor of Medicine in the Faculty of Medicine, Paris, Physician to the Hotel Dieu, &c.; and H. Pidoux, Member of the Academy of Medicine, Honorary Physician to the Hospitals, &c. Ninth Edition, revised and enlarged, with the assistance of Constantine Paul, Prof. Agrégé in the Faculty of Medicine of Paris, &c. Vol. iii. New York: Wm. Wood & Co. Montreal: Dawson Bros.

We have already noticed the appearance of the first two volumes of this work. This, the third, makes it complete. It contains some of the most interesting and important of the chapters. They are as follows:—Anæsthetics, anti-spasmodics, neurosthenic tonics, excitants, sedatives and contra-stimulants, and anthelmintics. We have nothing to add to what has been already said concerning the great value of this treatise with reference to the earlier volumes.

A Manual of Minor Surgery and Bandaging.—By Christopher Heath, F. R. C. S., Surgeon to University College Hospital, and Home Professor of Clinical Surgery in University College, London, Honorary Fellow of King's College. Sixth Edition, revised and enlarged, with one hundred and fifteen illustrations. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Bros.

This is one of the best of the manuals for surgical dressers, and has long enjoyed great popularity. It is chiefly addressed to house surgeons, and students working in hospitals, but it contains a great deal that is of much importance to every one practising surgery, with reference to the minor details of the

arrangement of surgical appliances. This revised edition contains all the more recent methods of using plaster bandages, antiseptic dressings, &c., and many other comparatively modern innovations. A great number of wood-cuts are introduced to facilitate the comprehension of the detailed instructions given. For the purpose intended it has few equals, being very concise and clear, whilst every matter of importance to the subject in hand is fully treated of.

Diet for the Sick.—By J. W. Holland, M.D., Professor of Materia Medica, Therapeutics, &c., in the University of Louisville. Louisville: John P. Morton & Co.

We have received a small pamphlet of 57 pages, bearing this title. It consists of a series of lectures on the above subject, published originally in the *Louisville Medical News*. The writer's object is to give in plain words an idea of the various kinds of food entering into an ordinary diet, and how these can best be modified to suit the requirements of sickness. The teaching appears quite orthodox, and its publication will, no doubt, assist in the diffusion of useful knowledge. It seems the intention of the publisher to issue others of a similar character, as it is marked "Morton's Pocket Series, vol. i."

The Physicians Visiting List for 1881.—Lindsay & Blakiston.

This useful annual comes to hand in its usual convenient form. It may be had of various sizes. It contains, besides the regular pages for visits, obstetric and vaccination engagements, &c., the following useful information to be kept at hand, Marshall Hall's ready method for asphyxia, poisons, and antidotes, the metric, or French decimal system of weights and measures, posological table, and table for calculating the period of utero-gestation. We have used it for many years, and still prefer it to any other.

Medical Record Visiting List for 1881.—Wm. Wood & Co.

This visiting list is one of the most complete and handsomely gotten-up lists for physicians which we have seen. It contains

all that is necessary in a concise form, and is well and strongly bound. J. M. O'Loughlin, medical bookseller, St. James street, is agent for Montreal.

The Popular Science Monthly.—D. Appleton & Co., for December, is to hand, with the following contents:

The development of political institutions, by Herbert Spencer; science and culture, by Huxley; experiments with the "Jumpers" of Maine; the August meteors; the early practice of medicine by women; methods in industrial education; the migration of fishes; domestic motors; indigestion as a cause of nervous depression; oriental music; the Sabbath, by Prof. John Dumas; with the usual literary notices, notes and miscellany.

Books and Pamphlets Received.

Diagnosis and Treatment of Ear Diseases. By Albert H. Buck, M.D., New York city, Aural Surgeon to the New York Eye and Ear Infirmary, &c. New York: Wm. Wood & Co. Montreal, Dawson Bros.

Food for the Invalid, the Convalescent and the Gouty. By J. Milner Fothergill, M.D., and Horatio C. Wood, M.D. New York: MacMillan & Co. Montreal: Dawson Bros.

How to use the Forceps, with an Introductory Account of the Female Pelvis. By Henry G. Landis, A. M., M. D., illustrated. New York: E. B. Treat. Montreal: Dawson Bros.

Photographic Illustrations of Cutaneous Syphilis. By Geo. Henry Fox., A.M., M.D. Forty-eight plates from life, colored by hand. Complete in twelve parts, Parts I., II. and III. New York: E. B. Treat.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting of the Society was held November 12th, 1880, the President in the chair.

Dr. Osler showed a case of myeloid disease. Last March the patient was admitted with some affection of the tibia, which was found to be a myeloid tumour, and the leg was amputated. He had an attack of scarlet fever (surgical), amputation done, and then had an apparent attack of pneumonia of the lower part of one lung. He was then transferred to the medical

ward, and then it was found that he had extensive dullness over the left lung. The history pointed to a secondary growth in the chest. He had persistent dyspnœa and orthopnœa, œdema of the fauces, and enlargement of the veins of the chest; some of them being as large as the fourth finger. He was in great distress, and in this condition died.

Dr. R. P. Howard said Dr. MacDonell removed a myeloid of the wrist 28 years ago, in Montreal. Saw a patient in the Eastern Townships, 20 years ago, whose leg was amputated, and the patient was still living. Dr. Scott or Dr. Fenwick amputated a thigh for disease in the lower end of the femur. Dr. Howard had placed myeloid among semi-malignant growths. This is the first instance of a recurring myeloid he had seen.

Dr. Ross said another case was seen in its early stage, and diagnosed by Dr. Shepherd as myeloid. The patient was sent to the Montreal General Hospital, and the arm was amputated. The disease recurred in the stumps, and a second amputation was made.

Dr. Hingston said he met one case last summer, from the United States. It was in the abdomen. A *post mortem* examination was held some months after admission, and proved to be an enormous tumor of probably 18 to 20 lbs.

Dr. Osler showed—2nd, A large gall stone in the gall bladder, and a fistulous opening. There had been no symptoms of gall stones. The man died of emphysema. There was complete obliteration of the cystic duct, and the gall bladder remained and embraced the stone. 3rd, An overgrowth and fatty extension of tissue about the auricle of the heart, the musculi pectinati are changed into fibrous tissue. It occurred in a patient who died of pneumonia, following fracture of the leg. 4th, A myoma of the uterus, which occurred in this same case.

Dr. Osler then read a paper on "Delayed Resolution in Pneumonia," in which, after speaking of the morbid anatomy and terminations of the disease, he reported the following cases:

CASE I.—*Apex Pneumonia*; *Resolution in the fourth week.* —A plumber, aged 33, was admitted to Hospital on April 15th.

Initial chill had followed exposure on the 5th, and from that date he had suffered from shortness of breath, fever, and cough. On examination, signs of hepatization in upper part of right lung; temperature 103°. The fever kept up, and the physical signs persisted, with but little change, until the 18th day, when the dullness became less marked. It was not until the 26th day that the temperature became normal, and resolution fully established.

CASE II.—*Pneumonia of right lung; Resolution in eighth week.*—Discharged soldier, aged 42, well developed, and not a hard drinker, admitted to Hospital May 10th with a history of illness of a week's duration, there having been a single initial chill on the 3rd. Dullness over whole of right lung, except in the lower mammary region; blowing breathing and râles. Temperature 103°; pulse 120; respirations 35. On evening of 13th was much worse, becoming cyanotic; pulse 130, small in volume; respirations 66. Was bled to 18 ozs., with great relief. Respirations 15 minutes after were 52, and pulse 106, of better volume. Throughout the third and fourth weeks the patient's condition kept about the same. Temperature range from 101° to 103°. From the 31st the temperature kept below 100°, and the general condition improved, but the physical signs of consolidation continued; respirations 20 to 25; pulse about 80. It was not until the 16th of June, 45th day of the illness, that signs of commencing resolution were noticed in front, and from this time went on slowly, and by the 54th day there was not much difference in the percussion note behind, and only a few râles were heard. He was discharged on the 28th of June feeling quite well, and with only a slight shade of dullness at right base. Ten days after he presented himself for examination; had gained 17 lbs. in weight within a month.

Dr. Osler remarked that it was difficult to understand how a solid exudation could remain for weeks in the air cells without permanently damaging them, but that it may do so is evident from these and other cases. The lung appears to alter but little, maintaining the features of hepatization. Grisolle gives a case in which death occurred on the 60th day, and yet the affected

part looked not unlike the acute stage of the disease. It is not easy to see the reasons for retardation of resolution in these two cases. The situation of the consolidation in case I. may have had some influence. Of 150 cases of simple pneumonia reported by Beuler, in 7 resolution was delayed beyond the 20th day, and in three of these the right upper lobe was affected. Huss, and several other writers, have noticed the same thing in apex pneumonia. In case II., the fact of the man having been a soldier for 21 years is rather against soundness of constitution; though there were no evident signs of degeneration, and he denied excessive use of alcohol. Chomel calls attention to excessive bleeding as a cause of protracted resolution; but the amount abstracted in this instance was scarcely sufficient to have had any such effect. The reader remarked that we could learn from these cases not to be over-anxious about delayed resolution in ordinary pneumonia, so long as the patient's condition keeps up and the constitutional disturbance is slight.

Dr. R. P. Howard said arrested resolution is one of the most uncommon facts in his experience. He did not remember a single case of simple sthenic pneumonia, that did not end in either death or immediate resolution. He had notes of 180 cases, and possibly if these were turned over, he might find two or three; but arrested resolution is exceedingly rare, and when it does occur, may be from latent tubercle, or pleurisy. He had never seen a case of acute sthenic pneumonia become chronic, and the ablest pathologists deny that it ever occurs. He had had doubtful cases, but in these there was tubercle or some other special cause. He drew the attention of the Society to a remarkable fact that exudation should remain in the air cells, without causing caseation, why did not the lymph bring about some ulterior serious change, even if it be a genuine pneumonia delayed. There is no reason to fear that resolution may not occur. A great majority of the cases of pneumonia are well at the end of two weeks; then look out for some disturbing element. One element that has produced delay is inflammatory rheumatism. He has noticed that this disease prolongs pneumonia, and interferes with its resolution.

Dr. Jno. Reddy said he remembered 14 years ago being sent to see a case of sthenic pneumonia on the 8th day. Blue finger nails and lips, and put her on aconite and liquor ammoniæ acetatis. Resolved also to bleed her, and took sixteen ounces of blood, and she made a perfect recovery. After thirty-five days, normal breathing was restored. It was a pneumonia of the apex of the right lung.

Dr. Kennedy said that some years ago he had a patient, in whom resolution should have begun, and then disease came to a stand still. He suspected that he had had syphilis. The whole left lung was dull, and remained so for three weeks. He administered large doses of iodide of potash and quinine, and this condition remained for 10 or 14 days, without any change. He finally recovered.

Dr. F. W. Campbell said that during the last 14 years he had only seen one case of delayed resolution.

Dr. Trenholme said, in regard to treatment, he thought that medicine had a controlling influence. In veratrum viride, we have a medicine to mitigate the disease and hasten resolution; also, antimony will materially assist in that form where there is imperfect æration of the blood.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Examination of Children.—For the proper examination of sick children both time and tact are necessary. The work cannot be forwarded by haste and impatience. It is important, at the outset, to win the confidence and good-will of the little-one. This is easy to those who love children; difficult often to those who dislike them. But love grows by the using, and he who will cultivate their society and interest himself in their affairs, will come to have a genuine interest in them. If the patient is a stranger and old enough to be observing, be careful how you approach it. "First impressions are lasting." Avoid brusqueness. Better, at first, talk about the child than

to it. Get the history of the sickness from the mother, and while receiving that, you may notice the child without seeming to. A trained observer can see a good deal in a short time. The first glance will show whether the child is very ill, and may even indicate the probable character of the ailment. Notice the physiognomy first. The features of a child under three or four months have little expression, but beyond this period they may be taken as an honest declaration of its feelings. It has not yet learned the art of hiding trouble under a tranquil mien. In acute diseases attended with fever the cheeks, and perhaps other parts of the face, are flushed from congestion. If the redness is circumscribed and transient, appearing on one or both cheeks, the forehead or the ears soon fading into paleness, to reappear after an uncertain time, we have in this a reliable sign of serious brain trouble. Drooping of the upper lids, squinting, rolling of the eye-balls, fluctuating or unequal pupils, or a steady gaze on vacancy, associated with fever, are symptoms that point in the same direction. A small, pinched face, overtopped by an enormously enlarged head, characterizes hydrocephalus. Rapid out and in movements of the alæ nasi, with flushed and anxious countenance, attend severe inflammations of the respiratory organs. I know of no disease that will change the physiognomy of a little child so quickly as a diarrhœa, with copious watery dejections. I suppose that full three-fourths of the weight of a child's body is water; and its rapid abstraction by an intestinal flux may, in a few hours, work such changes in a plump and ruddy face that it is scarcely recognizable.

Notice also the voice. You know the clear, ringing, exuberant tones of healthy childhood. In sickness they are changed. Diseases that produce great debility render the voice weak and plaintive. In pneumonitis and peritonitis it is restrained, because its exercise causes pain. Fits of loud crying are evidence of the absence of these diseases. In croup, and other affections of the larnyx, the voice is apt to be hoarse and brassy. Hoarseness is also an early sign of congenital syphilis. Some cases of cerebral inflammation are attended by an occasional solitary,

piercing cry—a cry so peculiarly expressive of agony that it is not easily forgotten. This is the "hydrocephalic cry" of the old authors. Sighing is a symptom frequently seen in like cases.

Cough is very frequent in children, and its character varies with the cause. After taking cold, the most frequent cause, the cough is dry at first from diminution, but becomes moist at length, from an increase of bronchial secretion. The cough of pneumonitis and pleuritis is apt to be restrained. That of whooping-cough is always paroxysmal after the first stage, though the whoop is not always present. The cough that accompanies some forms of heart disease is dry, stuffy and frequent. A laryngeal cough is peculiarly loud and resonant—clarion-like. Stomach and intestinal irritations, as from worms or undigested food, also cerebral and spinal irritations, often give rise to a persistent, dry cough, from reflex nervous influence. Lastly, continued fevers in children are often attended throughout their course by a hacking cough, difficult to subdue, and more annoying than dangerous.

Notice, again, the position and movements of the patient. If very weak, it lies upon its back without much mouement of its limbs. If the head is retracted and cannot be brought forward without pain, if the body is rigid, and there are muscular spasms and twitchings, this condition points strongly towards cerebro-spinal irritation or inflammation. If any of the abdominal viscera are inflamed, the child prefers to lie on its back with the limbs drawn up. In colic the prone position is chosen because pressure gives relief. Children often carry the hand to the seat of pain—to the forehead in head-ache, to the ear in ear-ache, to the gums when teeth are coming. Rubbing the nose and upper lip is popularly regarded as a sign of worms. It may be due to these, or to any other irritant in alimentary track, to a cold, or a dose of Dover's powders or other opiate. In spinal and hip diseases, children instinctively assume positions so characteristic that they are of great diagnostic value. In all conditions of the respiratory organs, in which the need of air is urgently felt, there is apt to be extreme restlessness.

Inspection of the surface of the body will frequently lead to

a correct diagnosis without other examination. All the exanthemata may be known in this way. Congenital syphilis is wont to betray itself by coppery discolorations of the surface and eruptions around the anus. In infants the first stage of intermittent fever is seldom attended with shaking, as in older people, but by lividity and paleness of the skin and a characteristic goose-flesh appearance. Jaundice, a frequent ailment in the newly born, imparts a yellowish tinge to the surface.

In grown people we make much of the pulse; not so with children. It is usually absent at the wrist for a week or ten days after birth, and throughout infancy it is feeble and very rapid. Its average during the first year is about one hundred and thirty (130.) It is considerably slower during sleep, and much faster during active movement. Gradually it becomes less rapid, and at the fifth year it is about ninety. During the whole of child life it remains somewhat faster than in the mature. At puberty it is about eighty. The infant pulse is liable to great acceleration from slight causes. A cold, the coming of a tooth, or any transient emotion of joy or grief, may affect its rate as much as a serious illness. You will naturally infer that a rapid pulse is of little significance in very early life. A preternaturally slow pulse is of more importance, being one of the ordinary accompaniments of serious brain disease. The difficulty of counting the pulse, owing to the incessant movement of children, still farther detracts from its value.

The thermometer, an instrument of the greatest value in our work among grown people, is comparatively of little worth when we are dealing with young children. Often the child is refractory and must be held down in order to keep the instrument in the axilla long enough to take the temperature. This is of the less consequence, since its revelations are of much less value than in adults. For, in children, the temperature, like the pulse, is liable to sudden increase from slight and transient causes. A fit of indigestion, or even an outburst of anger with hard crying, will cause the temperature to mount to 103° or 104°, and the case might seem to wear a serious aspect; but an emetic or a dose of oil for the indigestion, and such wholesome

correction in the other case as shall restore the calmness of an obedient spirit, will soon bring the body heat down to the normal standard. When the thermometer is used, it should be remembered that the temperature of the young child is a little higher than that of mature age. In the very young infant, the breathing is frequently intermittent and irregular. There may even be pauses of such considerable length between the inspirations that the mother fears the cessation of the function. From an average of about forty respirations per minute, during infancy, the rate decreases as the child grows older. At the tenth year the average is about twenty-two. Like the pulse, the breathing is liable to great disturbance from slightest causes. Exercise, emotional excitement, or a transient fever, may increase it as much as more serious ailments. In capillary bronchitis and pneumonitis, the respiration is quickened. In acute pleurisy, and in peritonitis, it is short and difficult from the increase of pain to which the movement gives rise. In all acute febrile affections in the young child respiration is apt to be rapid and panting. This, with the cough to which I have before alluded, often renders parents apprehensive of lung disease. In acute encephalic inflammations the respiration as well as the pulse may be abnormally slow and intermittent. In obstructive disease of the larnyx and trachea, as croup, inspiration is prolonged, and, if the obstruction is considerable, is accompanied by a peculiar wheezing sound.

In affections of the chest in infants, you will have frequent occasion to resort to auscultation and percussion; and you will be more fortunate than I have been, if, owing to the uneasiness of the child, to the small size of the chest and to the faintness of the respiratory murmur, you do not fail of that diagnostic precision which is so easy of attainment in the adult. Some things, however, may be learned by these means from the youngest and most refractory patient. We may always know by auscultation whether the lungs are freely and equally pervious to air, and by percussion whether there is any considerable dullness in any part of the chest. If a stethescope can be used without frightening the child, it is preferable to immediate aus-

cultation, because with it the sounds are collected from a restricted area, while adventitious noises from the nares, the larynx and the stomach are included. It is my habit to begin this examination at the back to avoid frightening the child. The young auscultator should have a care not to mistake the naturally harsh breathing of youth for a condition of disease.

While you have been bringing the examination to this point, some chance opportunity of inspecting the tongue and inner side of the mouth has probably presented itself. If not, this part of the investigation had better be made last, since it is pretty likely to provoke crying and a lusty resistance, which occurring earlier would interfere with and retard your work. To examine these organs the patient should be brought in front of a good light. While the nurse holds it and controls its hands, the mouth may be opened by pressing the chin downward. The tongue being in view, notice the condition of its upper surface. If coated, observe the color and depth of the fur, and whether there is any undue prominence of the lingual papillæ. In infants, examine the inner side of the mouth for aphthous sores; also, if at an age when teeth may be coming, pass the index finger backwards over the gums and ascertain their state as to heat and turgescence. If there is ground for the least suspicion of throat trouble, do not neglect to make an examination. This is easily accomplished by steadying the head and passing the handle of a teaspoon over the dorsum of the tongue nearly as far backwards as the circumvallate papillæ and making downward pressure.— *W. T. Plant, M.D., in Obstetric Gazette.*

The Treatment of Empyema.— Antiseptic treatment of this disease is at present fashionable, but more has been claimed for the method than we think it deserves. We give the following contribution to the subject from the *Medical Times and Gazette*:—

Antiseptic surgery has done much to render success more certain, but the antiseptic dressing of an empyema and the insertion of a drainage-tube give trouble, and a simpler plan has been long a desideratum. The siphon trocar, as used by

Dr. Douglas Powell and others, is sufficiently simple, but is open to the objection that if the chest is washed out after drawing off the pus, the same tube being used for both operations, septic matter is liable to enter and infect the pleural cavity. Most of Dr. Goltdammer's cases were treated by incision under the spray and antiseptic dressing, resection of part of a rib being performed in several. The last case, however, to which he refers in his lecture was treated by a new method, recommended by Dr. Kashimura, assistant to Professor Baelz, of Tokio, Japan (*Berliner klin. Wochenschrift*, No. 3, 1880), and which is the simplest imaginable, consisting in puncturing and evacuating the pleural cavity, washing it out freely with an antiseptic liquid, and *then allowing the opening to close.* The instrument (figured by Dr. Kashimura) consists of a canula provided with a stopcock, which closes its outer end after the withdrawal of the trocar, and with two lateral openings to which india-rubber tubes are attached with spring clamps, so that either can be closed or opened at pleasure. Before tapping, these tubes are filled with thymol-water and clamped. When the instrument has been introduced, the stopcock is closed, and one of the tubes, which dips into a vessel of thymol-water, is opened, and the pus allowed to escape. The first tube is then clamped, and the second, which communicates with an irrigator containing warm thymol-water, is opened, and the antiseptic allowed to enter the pleural cavity. It is then evacuated by the first tube, and the process is repeated until the wash-water returns uncolored. The canula is then withdrawn, and the opening closed. Of course the whole of the instrument is assumed to be thoroughly disinfected before use. The cases hitherto treated by this plan, though not numerous, are eminently satisfactory; all have recovered. Dr. Goltdammer tapped a woman aged forty-one, in a state of great prostration, with an empyema of a month's standing, and removed seven hundred to eight hundred cubic centimetres of pus. About two litres of thymol-water were used to wash out the cavity. She was operated on on February 19, 1880; *eight* days afterwards all traces of the effusion had disappeared, and there was no return of it

later on. The patient, who had entered the hospital with extreme cyanosis, and with orthopnœa, ascites, extensive anasarca, and slight albuminuria, as well as an unresolved pneumonia of the right base, to which the empyema was secondary, had entirely recovered, even to the restoration of clear percussion and vesicular breathing over the whole right side, on April 10th. It is needless to enlarge on such a result. A few years ago, however, we may remark in passing, it would have been considered miraculous. Now, thanks to the antiseptic method, whose beneficent effects are making themselves felt in every part of the field of surgery, we scarcely wonder at it. We recommend the special mode of its application above described to the attention and imitation of our readers.—*Boston Medical and Surgical Journal.*

Cynæcology Viewed by a General Practitioner.—Although gynæcology is acknowledged as a true specialty, it must be admitted that it occupies towards general practice a very different position from that of ophthalmology. It is allied so closely to obstetrics, which of necessity, till the very constitution of things is altered, must form a prominent part of the family physician's work, that it is hard to draw the line and say how far the general practitioner should intrude himself upon the gynæcologist's field, or, more properly, how far the gynæcologist should be allowed to usurp the field already occupied from time immemorial by the family practitioner. At what shall the latter stop? Certainly he must know enough to perceive the necessity for recommending his cases to the specialist; and between the knowledge requisite to diagnose a uterine displacement and that required to rectify it by a properly adjusted pessary is but a small step; and in local congestions, erosion of the cervix, menorrhagia, leucorrhœa, the use of curette, and application to the cervical canal, and even to the fundus uteri—at what point is he to pause?

Perhaps the greater operations—the removal of the tumors, polypi, fibroids, and ovarian cysts, the cure of fistulæ and lacerations—would about cover the field of the gynæcologist and

indicate the point where the family doctor could leave his patient, having seen her safely there, in the hands of the great man. But the specialist is not by any means disposed to limit his practice in this manner. He claims the right to be considered an expert in obstetrics on occasion, and considers himself as the only proper custodian of all cases of uterine disease; nor do his large fees leave the usual attendant any chance, for where the circumstances of the patient are too limited to admit of such payment he offers the facilities of his free clinic or dispensary, with the ægis of his great name.

In rural practice, of course, the specialist is not so accessible, but it is a mean city to-day which cannot boast at least one skilful gynæcologist, and the already narrowed field of practice on which, it seems, we general practitioners have been squatting since the time of Hippocrates is being rapidly claimed and enclosed by these lords of the soil, till at last it may happen that the whole class of general practitioners will be evicted to make room for still more enterprising claimants, who will divide and subdivide till, by retributive justice, the holdings will become too small to support their occupants. Then the specialist who removes ovarian tumors will sullenly glare at him of the uterine fibroids, and the weilder of the tenaculum come to blows with him of the curette.

But to avert that dreadful day it behooves each practitioner to fit himself as much as possible for advanced gynæcological work, that the patient, if she by evil chance break forth from his hand uncured, may at least have paid him tithe before she goes. to acquire this knowledge requires both courage and industry. Only those specially favored by circumstances and location can enter again upon a student's career, and books must therefore afford them the information which the graduate of to-day has almost unconciously imbibed.

The books that are to supply the stone for these defensive fortifications are not far to seek; they are furnished by the enemy himself. They should be, not the work of a novice, who teaches himself as he writes, nor the product of the book-maker, who sees in publication a rapid step to reputation, nor even the

labored compilation or the elaborate treatise of the scholar, but books which are the mirror of the daily work, the daily and hourly experience and expedients, of a practical master. The new edition, so fresh that the treatise by Professor Thomas, of New York, might well furnish the material for the first line of intrenchments, whilst to the inner citadel might be assigned the "Lessons in Gynæcology," by our fellow-townsman, Dr. Goodell.

Lay deep, then, O brother-practitioners, the foundations of that knowledge which shall be our sure defence against that spectre, whose name is Gynæcology, which now confronts us in the doorways of our choicest patients,—

"A formidable shape;
The one seemed woman to the waist, and fair,
But ended foul in many a scaly fold,
Voluminous and vast, a serpent armed
With mortal sting."

—*Philadelphia Medical Times.*

What Constitutes the Black Head of the Comedone.— Under this heading Unna, of Hamburg, disposes of a long cherished dogma, advocated by Wilson, Hebra, Baerensprung, Rindfleisch and Virchow, that the black so-called head of the comedone is due to the accumulation of and staining by dirt at the uppermost part of that body. He found that the black head existed in comedones that were so deeply seated in the skin that the overlying layers of epithelium rendered these invisible, so that he was compelled to suppose that if dirt were the real cause of this coloration, it must have got there while the follicles were open, and then the epidermiss have grown over the opening of the follicle. But he finds that this is not the case, and argues, that if dirt were the cause, black-headed comedones should be found with greatest frequency in coal miners and others engaged in dusty occupations, and also more frequently in the face than in other parts of the body. This is not the case, however. The crucial test was now applied by Unna, of examining the substance microscopically, and no dirt or indications of dirt were found. The few colored parti-

cles which he discovered showed the action of ultramarine, and the dark color resulting from their presence, disappearing on applying acids. On this the author bases a treatment of the skin with dilute acids, as these in the first place act directly cosmetically, and in the second, stimulate the skin to normal activity. A comedone is a very little matter, it is true, but it is just as well for physicians to have a basis for knowing that want of cleanliness can be no cause of acne punctata.—*Chicago Medical Review.*

Chlorate of Potash in the Night Terrors of Children.—Dr. Harkin writes, in the Dublin *Medical Journal*, November, 1880 :—

Young children from the first to the sixth year, particularly those sleeping in over-crowded rooms, are subject to frequent attacks of screaming at night, with insensibility, and semi-convulsions, and somnambulism if not watched, and something approaching to the *petit mal*, due to the protracted inhalation of air deficient in oxygen and laden with carbonic acid and other morbid products—a persistence in this habit often leading to tubercle of the brain or lungs. For this condition I have always found the chlorate of potassium a sovereign remedy ; and for the true convulsion and epileptic attacks of children it has proved not only curative, but, more important still, a true preventive. For the adult epileptic, although not so useful as the bromide. I have prescribed with great advantage this salt alone and in combination with the bromide.

Paralysis Agitans.—M. Luys has presented to the Société de Biologie, Paris, plates of microscopic preparations of the pons in this disease, that exhibit remarkable variations from the state of health. The cell-elements were found hypertrophied to nearly twice their usual normal diameter. He concludes that this fact, which is a new one, furnishes a rational physiological explanation of the symptoms of the disorder. We have in it, he says, a function, hyperexcitation of the excito-motor tracts of the spinal axis, that has passed beyond the stage

of volitional control. This discovery of the concomitant hypertrophy of the generating mechanism of this influence in the pons, seems to indicate the natural relations between them, the hypertrophy being the semeiological index of the phase of motor excitation to which the nerve element has been subjected. The fact, however, though good as far as it goes, does not seem thus to afford a complete explanation of the pathology of paralysis agitans.—*Chicago Medical Review.*

Tight Rings.—Treatises on operative surgery are absolutely silent on the constriction, by rings, of fingers swollen from one cause or another, and on the method of removing them. The accident is, nevertheless, of common occurrence, causes great pain, sometimes gives rise to great uneasinass, and may even threaten the safety of the finger itself. As a rule, in these cases of constriction, the ring is cut unnecessarily, for want of a simple method of removing it, notwithstanding the popular plan, which comes to us by tradition, and is thus described by Oribasius, vol. iv., p. 251, Daremberg's edition. He writes: "Sometimes the finger is constricted by a ring; and it is necessary to remove the ring without delay, by giving it a rotatory motion; bathing at the same time the finger with warm water, and greasing it with some kind of fatty matter. If the ring does not yield to these efforts, the following operation is recommended. A thick and twisted thread is sharpened at one end in the same way as cobblers sharpen their threads, and passed between the finger and the ring, whilst the rest of the thread is rolled round the finger. When this thread is unrolled, the ring moves towards the tip of the finger, whence it can be removed. If the ring resist this treatment, it is then necessary to cut it." Aetius, who lived at the and of the fifth and the beginning of the sixth centuries, repeats the recommendations of Oribasius. A writer in the *Concours Médical* suggests some improvements on the plan, so as to reduce the volume of the ring by ischæmiatising it, in the same way as ischæmia is produced with Esmarch's bandage. In the first place, the finger is coated with fatty matter; then a thin thread, about a yard

and a quarter long, is taken; one end is placed under the ring, and passed above it with a pair of pincers to the length of about three inches. The end of the thread being thus fixed by the ring, the rest of the thread is taken to the top of the finger, round which it is rolled in close overlapping lines, not leaving any space between them. This done, the second end of the thread is also passed under, and brought up above the ring. Then, this end being taken between the fingers, the rest of the thread is unrolled resting on the ring, which is thus gradually brought up to the point, where it is easily removed. If a first trial does not always succeed, it is rare for the ring not to yield to efforts twice or thrice repeated. Should this be the case, the ring, of course, must be cut on a canulated sound with a file or divider.—*British Medical Journal.*

Treatment of Scarlet Fever by Warm Baths.—The following communication from Dr. W. V. Lush, physician to the Dorset County Hospital, appeared in *The Lancet* of August 14th, 1880:—

In December, 1869, while we were experiencing a very severe epidemic of scarlet fever, there appeared in *The Lancet* a reprint of a letter by Dr. Charles T. Thompson, strongly advocating the use of warm baths in this disease, and stating that he had pursued the practice for fifteen years, and had never lost a patient. In consequence of this communication I commenced this practice ten years ago, and have followed it from that time to the present. At first I order the patient to have three warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. As the disease subsides, I reduce the baths to two or only one daily. I find that—1st, it brings out the rash; 2nd, reduces the temperature; 3rd, soothes the patient; and when this treatment has been adopted at the onset, I have as yet not lost a single patient. In one case the warm bath was objected to till the child had been ill some days, and this case, and this alone, proved fatal. My friend, Dr. Alfred Hollis of Freshwater, has told me of the great comfort he himself experienced from warm bathing when suffering

from the disease; and, of course, in the treatment, neither medicine proper nor good nursing is precluded.

Some of my readers may recollect a case of small-pox published by the late Dr. Stokes of Dublin, where the warm bath proved singularly beneficial, and who doubted not that the mortality in small-pox hospitals would be greatly diminished by the use of the bath. The case I refer to was that of a medical student, in which "the pustulation was almost universally confluent; the purulent matter highly putrescent; the hœmorrhagic state developed, the body one universal ulcerous sore, and the blackness of the worst purpura developed; the odor of an intensely pungent and offensive character, which seemed to pass through the bystander like a sword. Stimulants alone, freely and constantly employed, seemed to preserve the patient alive. The pulse was rapid, weak, and intermittent, and for several days life was despaired of. At this juncture Dr. Stokes happened to describe the case to his colleague, Mr. Smyly, who suggested the trial of the warm bath. Pillows were adjusted in one, the patient placed in it, and the effect was instantaneous and marvellous. The delirium immediately ceased. The patient exclaimed, 'I am in heaven! I am in heaven! Why didn't you do this before?' He was kept at least seven hours in the bath, brandy being freely administered, and removed to bed. The bath was repeated the next day, after which he fell, for the first time, into a tranquil slumber. From this time recovery was progressive." This may seem a digression, but the treatment of another of the exanthemata by similar means is not inapposite. My ten years added to Dr. Thompson's fifteen make twenty-five years' experience of a treatment which I can confidently and heartily recommend.

Complete and universal Alopecia following Fright.—Total baldness coming on rapidly is usually the result of severe fevers, and is followed by entire restoration to the normal condition (*ibid.*) A case of Frédet is cited, however, which may perhaps be regarded as a unique one. A healthy Italian blonde, aged 17, lymphatic, with exceptionally

profuse hair, was sewing at her window. Suddenly the floor fell in, leaving her only time to catch hold of the window-frame, where she hung till taken down by means of a ladder. No subsequent loss of consciousness nor nervous excitement through the day. At night, headache, chills, and bad dreams. In the morning nervous excitement, weakness at the knees, spasms in the fingers, and great itching of the scalp. The following day she felt better, only the itching of the scalp remaining. But on arranging her hair great tufts came out at the roots, adhering to her comb. In three days not a single hair was left on the scalp. Eyebrows, eyelids, axillæ, and genitals began to lose their hair the day after the falling began from the scalp, and in five days those regions were devoid of hair. General health good and no functional disturbance of any kind. A month after the fall of hair began Frédet was consulted. The fallen hair, destined for a wig, was fine, silky, very rich, and long. Not a hair on the body, though a lens was used in the search. Head smooth as a billiard-ball; no more itching, and sensation normal. Physical condition otherwise perfect. Mentally the patient has become despondent, fearing non-recovery of her hair. Two years later, after constant treatment, no return of the hair.—*Dr. Wigglesworth in Boston Med. & Surg. Journal.*

Renal Albuminuria as a Symptom.—Perhaps there is no one question relating to pathology which is at present attracting more universal attention than the nosological significance of renal albuminuria. It is a subject which has induced recent elaborate experimentation, that in its turn has led to numerous important contributions to current medical literature. Once more it has become a prominent object of discussion by professional societies; and it even looms up in the mind of the practitioner as a practical question involving or determining therapeutic action. It is easy to understand why this should be so. The importance which the physician attaches to this symptom, and the views he entertains concerning its origin and meaning, directly affect the conduct of his treatment in a given case. Moreover, the presence in the urine of this abnormal ingredient

(for such it must be considered despite the contrary statements of some authors) is readily detected, and often as readily interpreted as a palpable manifestation of existing disease. Any obscure case, which at first sight may have appeared hopelessly intricate to the puzzled diagnostician, with the detection in the urine of an albuminoid substance suddenly, as if by charm, loses its questionable character and ceases to bewilder. Albuminuria did it. Albuminuria is responsible. But, if the routine practitioner is thus easily satisfied, the rational physician and man of science is not. Here, as elsewhere, the latter strives to ascertain the why and the wherefore. And it is the results of inquiry in this spirit which have modified, and are still modifying, our views respecting the significance of albuminuria.

For a long time the primitive simplicity of Bright's views swayed the professional mind, and, according to the then dominant ideas, albuminuria meant renal disease. Even at the present day, by some, the two terms are believed to denote one and the same thing. When, however, the rapid advances of pathological histology revealed some of the complexities of the subject, other factors came prominently to the front. Soon sharply defined distinctions were created separating diffuse from parenchymatous, and both from renal cirrhosis. Albuminuria was now only one in a train of symptoms indicative of kidney disease. To-day the pathogeny of albuminuria, although by no means in a completely satisfactory condition, is still better understood. We know now that various affections are associated with the appearance of albumen in the urine. Thus, Dr. Ellis has contributed much valuable information on this topic by compiling a table of the manifold conditions under which it occurs, and the list, though avowedly incomplete, furnishes 150 such conditions—and all exclusive of renal disease. Of course one should not look upon attendant phenomena in the light of causes, unless there is some satisfactory reason for so connecting them. Though the number of etiological factors is large, we have no ground for presuming that it reaches the figures just indicated, nor do we believe that Dr. E. wishes it so understood.

Transient albuminuria may be observed in a great variety of

disturbances, and even the prolonged presence of albumen in the kidney secretion does not *per se* argue permanent histological change in those organs. Protracted muscular exertion may lead to albuminuria. Certain articles of diet, notably eggs, produce it—a change in the condition of life may lead to it. The effects of climate may also act as exciting causes. And all this in persons of apparently excellent health. On the other hand, slight ailments may be found in connection with albuminuria, and *vice versa*. Indigestion appears to be frequently accompanied with the renal excretion of albumen. Stimulation of the spinal cord below the medulla, irritation of the renal nerves, and other neurotic influences give rise to it. Furbringer (*Zeitschr. für klin. Med.*, vol. i., sec. 2) records, among other cases, the interesting instance of an otherwise healthy physician subject to albuminuria, in whom nervous depression was always followed by an increase in the amount of albumen voided.

Da Costa and Longstreth, as the result of recent important investigations (*Am. Jour. Med. Sc.*, July, 1880), even claim that "in Bright's disease, especially in the contracting kidney, there exists a constant lesion of the renal plexus." Moreover, that this is the true cause of the renal malady.

The albuminuria of fevers may also be the result of vasomotor disturbances. In anæmic persons albumen may appear in the urine (Edlefsen, *Mit. d. Ver. Schles.-Holst. Aerzte*, 1879, No. 2), especially after exertion. Cardiac failure, or at any rate a relative weakening of the heart's power, has been pointed out as the probable cause of the symptom in such persons. This appears to be a plausible explanation enough in the light of recent investigations by Runeberg (*Deut. Arch. f. klin. Med.*, vol. xxiii., p. 41, and vol. xxiv., p. 248), for the permeability of animal membranes becomes greater under low than high pressure. Thus, Runeberg explains the transient albuminuria of healthy persons in the following way: he asserts that the transudation of serum-albumen takes place in the glomeruli on account of the increased permeability of the walls of the blood-vessels composing the tufts. The epithelial investment of the latter participate in this abnormal permeability. As the cause

of this augmented permeability there may act any factor resulting in the diminution of the difference between the blood-pressure inside the glomeruli and the external counter-pressure of the renal tubules. In this connection it is well to note that Dr. Munn, of this city (*Medical Record*, March 29, 1879), reported that among a number of applicants for life insurance, he found albuminuria in eleven per cent., where the individuals appeared. after careful examination, to be otherwise in perfect health.

Persistent albuminuria is also explained by Runeberg as the result of structural alterations of the vascular tufts. It seems that Leube (*Virch. Arch.*., vol. lxxii., p. 145) and others have taken exception to the unavoidably theoretical deductions of Runeberg, but they certainly appear to deserve attentive consideration.

Taken altogether, it must be confessed that there exists just now a rather unsettled state of professional opinion on this important subject. Certainly, we lack the desirable basis of assured knowledge, and though some new points of interest have been elicted, the physiological laws governing the passage of albumen into the urine are still in part unknown. The practical importance of a complete comprehension of these matters should prompt untiring efforts and new researches in this direction. Meanwhile we should solace ourselves with the comforting thought that albumen may often be made to disappear by proper attention to the exciting cause, which may frequently be found if diligently sought for. Albumen, though occasionally an ingredient in the urine of healthy individuals, indicates an abnormal state at the time it is voided, and no rational physician can be otherwise than extremely watchful whenever it makes its appearance.—*N. Y. Medical Record.*

"Castration for Hysteria."—Under the above title a French journal gives an account of a case which was presented to the Berlin Medical Society some months ago, and which has scarcely attracted the attention in this country which its significance deserves. Dr. Israel presented to the Society a young woman twenty-three years old, cured of severe hysteria

by "Battey's operation," of which she bore the cicatrix. The patient had suffered for some years from obstinate vomiting, accompanied by severe ovarian pains. She became extremely weak and anæmic. Many surgeons advised the operation, and she gradually arrived at the conviction that castration was the only remedy for her sad state. The operation was performed under chloroform "with all antiseptic precautions." During the first three days after the operation there was extreme tenderness in the lower part of the abdomen, and ice was obliged to be constantly applied. At the same time there was retention of urine, which only passed off at the end of twelve days. A week after the operation the vomiting had ceased, and the pain in the ovarian region had disappeared. The patient's cure remained permanent. One detail, however, of this beautiful illustration of the value of "oöphorectomy" remains to be mentioned, and it is not unimportant. The operation was a pretended one. A superficial wound only was made! The result certainly justified the means.—*London Lancet.*

The Treatment of Whooping-Cough in Gas-Works.—A series of recommendations on the treatment of whooping-cough in gas-works has been made to the Académie de Médicine. A commission was appointed some time ago consisting of three members, of whom M. H. Roger, the President of the Académie, is the sole survivor. He has presented a report to the Académie which is of some interest. Before considering the communication, he described the arrangement of the chambers for the purification of gas, and the chemical products which patients would breathe in them. The purifying chamber is a large room, with doors and windows freely open. Each contains twenty-four vessels, holding five cubic metres of depurating substance—lime and sulphate of iron, mixed with sawdust—through which the gas has to pass. When the workmen are emptying and re-filling one of these vessels the children with whooping-cough are placed around it, and inhale the vapors which escape. They are in an atmosphere containing ammonium sulphide, carbolic acid, and tarry products. The statements made regarding the efficacy of this

treatment are the following. M. Commenge records 169 cases in which the treatment was persevered with. In 20 the treatment failed completely, in 48 improvement was obtained, and 101 were cured. M. Bertholle merely states that, of 341 cases, 122 were improved and 219 were cured. Failures or deaths are not mentioned. M. Rogers points out that these figures are too good to be quite satisfactory. A method of treatment which gives, of 510 cases, 490 ameliorations, and no death, would be indeed an admirable result. But besides the 490 cases improved there were, it appears, 671 cases not included because the treatment was not persevered in, and these probably include a large number of total failures. Moreover, the cases alleged to be cured were not carefully followed up. Evidently also slight and uncomplicated cases only can be treated in this manner. The remote situation of most gas-works, and the exposure involved in the treatment in winter, limit the application of this method. M. Roger thinks that it acts only upon one element of whooping-cough—the catarrh—and that it is contra-indicated in febrile attacks of the disease, and would be positively dangerous in complicated cases. The method is, however, easy of use in some localities and in summer, and seems worthy of further trial in suitable cases, but it is desirable that its effects should be more exactly noted.—*London Lancet.*

Mudfog Association.—In the section on anatomy and medicine, Dr. Kutankumagen (of Moscow) read a report of a case which had occurred within his own practice, strikingly illustrative of the power of medicine, as exemplified in his successful treatment of a virulent disorder. "He had been called in to visit the patient on the 1st of April, 1837. He was then laboring under symptoms peculiarly alarming to any medical man. His frame was stout and muscular, his step firm and elastic, his cheeks plump and red, his voice loud, his appetite good, his pulse full and round. He was in the constant habit of eating three meals *per diem*, and of drinking at least one bottle of wine, and one glass of spirituous liquor diluted with water, in the course of the four and twenty hours. He laughed

constantly, and in so hearty a manner that it was terrible to hear him. By dint of powerful medicine, low diet, and bleeding, the symptoms in the course of three days perceptibly decreased. A rigid perseverance in the same course of treatment for only one week, accompanied with small doses of water-gruel, weak broth, and barley-water led to their entire disappearance. In the course of a month he was sufficiently recovered to be carried down stairs by two nurses, and to enjoy an airing in a close carriage, supported by soft pillows. At the present moment he was restored so far as to walk about, with the slight assistance of a crutch and boy. It would perhaps be gratifying to the section to learn that he ate little, drank little, and was never heard to laugh by any accident whatever."—*Mudfog Papers.*

Epithelioma of the Rectum Removed AFTER A NEW PLAN WITHOUT INJURING THE SPHINCTER ANI; RECOVERY.—The following case was under the care of Mr. Rowse :—

I. C——, aged sixty-four, married, was admitted into St. George's Hospital, in May last, with an epithelioma of the rectum, of about six months' growth, situated on the left side of the bowel, about one inch above the anus. The growth was flat, sessile, of about the area of half a crown, and limited to the mucous membrane and the sub-mucous tissue. The deeper parts felt apparently uninvolved.

On June 17th Mr. Rowse removed the growth in the following manner. A curved incision, an inch and a half in length, was made, just outside to the external sphincter, and parallel to the outline of that muscle. The skin was then dissected up outwards for a short distance, so that the outer circular fibres of the sphincter were exposed. The muscle was then drawn over towards the middle line. By introducing the finger into the rectum, the growth was pressed into the external wound, and it was then cut out, together with that part of the wall of the rectum to which it was attached. In this way an opening, about the size of a half-crown, was made through the bowel. After the closure of the skin wound but a small cavity

could be felt, corresponding to the former situation of the growth. The hæmorrhage was very slight.

Opium was given in order to keep the bowels confined for some days. The recovery was almost uninterrupted. For some few days slight feculent discharge took place from the wound, but after about three weeks this had completely ceased, and the patient then had entire control over the contents of the rectum. As a matter of fact, scarcely any fæces escaped, but the suppuration resulting during the granulation and closure of the cavity possessed a fæcal odor. When the patient left the hospital, about a month after the operation, the power of the sphincter was perfectly normal. The general symptoms were much relieved.

Remarks.—The advantages of this method of operating, in suitable cases, are obvious. In the instance described above, it is true, the growth was of small extent, and limited to one side of the bowel. There seems no reason, however, why this operation should not be equally applicable to growths of much larger size. The advantage of preserving the sphincter intact is patent; no doubt, in some cases an operation of this nature might advantageously be substituted for complete removal of the lower end of the rectum. Certainly, numerous cases have been recorded where no incontinence of fæces followed the latter proceeding; but still this method of operation gives the patient additional security against a highly unpleasant condition, without any additional concomitant risk.—*London Lancet.*

Tabes Dorsalis Cured by Nerve Stretching.—Dr. Langenbeck reports, in the *Berlin Wochenschrift*, a case of tabes dorsalis, in which nerve-stretching, conducted under antiseptic precautions, resulted in a complete cure. The left sciatic was first operated upon; the motor and sensory paralysis following disappeared in a few days. Twelve days subsequently the right sciatic and both crural nerves were stretched, and with the same results. The feebleness which marked the first efforts at locomotion soon passed off, and the ataxic symptoms disappeared.—*Philadelphia Medical and Surgical Reporter.*

CANADA

Medical and Surgical Journal.

MONTREAL, JANUARY, 1881.

MEDICAL GOVERNORS.

Since the recent troubles at Guy's, attention has been much directed to the constitution of the governing body of that and other Hospitals. As a consequence of this, we find many of the most influential journals pointing out that much of the disagreement there arose from causes which probably would have been obviated if the medical staff had been fully represented upon the managing committee. Thus, the *British Medical Journal* says: "In almost every English Hospital, the honorary medical officers are, by law, *ex officio* governors. In twenty-nine out of thirty instances, the physicians and surgeons are either *ex officio* members of the committees of management, or they are largely represented at such boards." It certainly seems but reasonable to suppose that in an institution like a hospital, medical officers would naturally prove most useful members of a managing committee. A great many questions are frequently coming before the committee which, for their settlement, necessarily presuppose some medical knowledge. Without this, that body must obviously feel itself sometimes decidedly at a loss in coming to a decision. It is no wonder, therefore, that we find the regulations of the British Hospitals, with hardly an exception, providing for the admission of one or more of the honorary medical staff as representatives to the stated meetings of the Committee of Management. We have been led to these remarks from the fact that in our own Hospital the deficiency observed at Guy's is seen also to exist. There are no medical members on the Managing Committee. Not that we imagine that even the continuance

of the present system would lead to any clashing between the lay governors and the medical staff. On the contrary, working under the constitution, as at present administered, the most complete harmony has always existed between these two branches of the service. But simply, we believe that the interests of the entire institution would be best served by adding some representatives from the Medical Board to the Managing Committee. The idea is not at all a new one. It has been several times mooted by individual governors at their meetings, but it has never been properly and formally brought up and discussed. We hope it soon may be, for we are satisfied that if that is done, the result will be the introduction of the innovation we are advocating. We are satisfied that the benefit of the presence of professional members would soon be acknowledged, and wonder would be felt how or why they should so long have been excluded.

THE ASYLUM AND THE "ABEILLE."

Our French contemporary takes up the cudgels in favor of the judiciousness of the appointment of Dr. Perrault to the Longue Pointe Asylum. We certainly did say that the person alluded to could not be looked upon as one having that special knowledge and experience which would qualify him for the entire management and control of several hundreds of lunatics. It is surprising to find any medical journal capable of gravely arguing that Dr. P. is a specialist on insanity. To support this statement we are favored with an outline of the life of Dr. P. We learn that this gentleman passed the Provincial Examining Board in 1849. No mention is made of any University qualification, which we must therefore conclude to be wanting. He then began practice in the parish of Longue Pointe, and has ever since continued to perform the routine duties of a general practitioner in the same locality. As further claims to public consideration, it is mentioned that he was a member of "the Medical Society" (what Society?), and was even President of the same. He was also elected a member of the Provincial Medical Bureau. To crown all, he was called even by that hostile journal, THE CANADA MEDICAL AND SURGICAL, "a reputable physician of

good standing," (which, however, merely showed that his name was on the Provincial Register). Having, owing to residing in the neighborhood, sometimes assisted Dr. Howard, and even, in emergencies, acted for him, it is thought that this has been sufficient to give him a complete insight into the difficult subject of the management and treatment of the insane! It is amusing also to learn that he has taken special care to avoid several errors which he was able to detect in the treatment ordered by his supposed instructor. Now, it may be that this satisfies *L'Abeille* that Dr. P. is indeed a specialist, and thoroughly deserving of the public confidence in his important charge, but we are equally certain that such a view is not that held by a great many of the most intelligent and observant of our professional men. We know of several cases where the friends have been deterred from sending patients to the Institution owing entirely to the contrary advice received from their ordinary attendants, this advice having been based upon the belief that they would not there receive that skilful management which is frequently necessary for the restoration of a diseased mind. Our opinion on this subject is not a particle altered by the very lame defence attempted by our contemporary: and we think it is a matter for great regret that this want of trustful feeling is (very properly) widely felt throughout the community.

To an uninitiated person, it would almost appear as if the provision made for the medical attendance upon the inmates was more than ample, for we find that no less than five medical men have an official connection therewith—all paid Government officials—viz., Drs. Smith, Demartigny, Howard, Desaulniers, and Perrault; but it requires to be understood that from out of these five, four are inspectors, and that the sole responsible person for the daily work of the Asylum is the last-named gentleman. He carries the entire responsibility of the actual treatment of every lunatic within the Asylum's walls. As far as we know, the experience even of Dr. Howard, is never availed of for consultation or advice in cases of difficulty or of an unusually severe character. We have said before that we do not think this should be, and many communications we have since received upon the

subject make us know that a great many others think like us. We should be glad to see, and hope we may yet see, such arrangements made as will advance this large Provincial Institution into the position which it should occupy. Until such is done, we cannot, in the interests of deranged sufferers, and in the interests of the profession at large, abstain from expressing our convictions.

The following remarkable sentence is from the same article: "We regret to be obliged to differ in opinion from our *confrère* of the CANADA MEDICAL AND SURGICAL JOURNAL, but it is our duty, and we perform our duty in defending our institutions, our nationality, and our rights." Now, that sort of thing might go down if delivered from a political hustings, but in the name of common sense, what has it to do with the medical matters of a lunatic asylum? We are quite sure the nationality of our *confrère* and the rights thereof need not to be defended from us, for we have been entirely guiltless of any attack upon either. We would certainly deprecate at once the imputation that unpleasant but perhaps necessary things said by us concerning a public official should be prompted by aught but a desire for the public good—certainly not from the mere fact that we differed in origin from the person spoken of.

TYPHOID AT LENNOXVILLE.

We had intended making, in this issue, some further remarks on the origin of the outbreaks at the Grammar School, but, unfortunately, there has been some delay in the presentation of their official report by the medical gentlemen who were charged with making the necessary investigations. We therefore prefer waiting until that document is before us. In the meantime, we would draw attention to the important communication on this subject from Dr. Worthington, which appears in another place. His statements, certainly, are most damaging, and we do not know whether any of them can be explained by the authorities. There is nothing like plain speaking in these matters, and it is quite possible that if more of this had been indulged in sooner, the present disastrous troubles might have been averted. There has always been far too much tendency to keep things quiet

through fear of injuring the school. With reference to the delay in notifying parents of the illness of scholars, we know, from communication with the relatives of several of the patients, that the statements of Dr. Worthington are mainly correct. Indeed in one case public indignation has been loudly expressed at the unnecessary suffering inflicted upon friends who could only reach Lennoxville in time to find their sufferer delirious and soon passing into a moribund condition.

Since writing the above, we have received a second letter from Dr. Worthington, dated 9th January, from which we take the following important extract:—

"There is another case of typhoid fever at Lennoxville from the school,—a boy who has been engaged as a servant. It appears that he has been ill for three weeks, and Dr. Robertson, who is attending him, thinks the case rather serious.

"The school is about to be opened again, and here is a fresh case. If the school should assemble, and one other case occurs, it will kill the institution beyond all redemption. Would it not be better, then, in the best interests of the school, to miss a term, so as to give opportunity for all necessary alterations?"

We fully endorse the caution which is here advised, and would recommend the Lennoxville authorities to think well before risking the lives of boys again.

MONTREAL GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.—The following circular has been issued by the Committee of Management:—

A Training School for Nurses, in connection with the Montreal General Hospital, will be opened on 1st January, 1881, under charge of a competent Lady Instructor. Special instruction in various departments of technical work will also be given by members of the Medical Staff, who have kindly consented to undertake the duty. Young women desirous of receiving this course of instruction must apply at the Hospital to the Lady Superintendent.

The most desirable age for candidates is from 21 to 35 years. They must be of sound health, and must produce certificates as to their good character.

Upon the recommendation of the Lady Superintendent, applicants will be received for one month on probation, during which period they will be boarded and lodged in the Hospital, but will receive no compensation.

Probationers who have fulfilled the duties of their probationary month

to the satisfaction of the Lady Superintendent of the School will be accepted as pupils, and will be required to sign a written agreement to remain in the School for two years, and to conform to its rules. They may, however, be allowed to withdraw upon grounds to be approved by the Committee of Management, and will be subject to be discharged at any time by the Committee, upon the report of the Lady Superintendent, in case of misconduct, or should she consider them inefficient or negligent of their duties.

The pupils will be employed as assistant nurses, and will receive during the first year of their course $7.00 per month, and during the second year $9.00 per month.

It is intended to open the School also to ladies who may be desirous of joining without receiving remuneration, or who may be willing to pay for the instruction afforded. Special terms and conditions will be arranged with such applicants, but no term of service will be accepted for less than one year.

All pupils will be required to wear the Hospital uniform in the wards.

When the full term of two years' instruction is completed, pupils will receive, after passing the final examination, diplomas certifying to their knowledge of nursing, their ability and good character.

COURSE OF INSTRUCTION.

The dressing of blisters, burns, sores and wounds; the application of fomentations, poultices, cups and leeches.

The administration of enemas and use of catheter.

The best method of friction to the body and extremities.

The management of helpless patients, making beds, moving, changing, giving baths in bed, preventing and dressing bed sores, and managing positions.

Bandaging, making bandages and rollers, lining of splints.

They will also be given instruction in the best practical methods of supplying fresh air, warming and ventilating sick rooms in a proper manner, and are taught to take care of rooms and wards; in keeping all utensils perfectly clean and disinfected; to make accurate observations and reports to the physician of the state of secretions, expectoration, pulse, skin, appetite, temperature of the body, intelligence, as delirium or stupor, breathing, sleep, condition of wounds, eruptions, formation of matter, effect of diet, of stimulants, of medicines, and to learn the management of convalescents.

Medical Items.

REMOVAL.—Hon. Dr. Brouse, of Prescott, Ont., has removed to Ottawa to enter upon the practice of his profession in that city.

REMOVED FROM MEMBERSHIP.—The Council of the Royal College of Surgeons, England, has recently removed a medical man—a resident of Ontario—from being a member of the College, for a contravention of the by-laws, in publishing and professing a secret method of cure.

DEATH IN THE TRACHEOTOMY TUBE.—Dr. Sandford B. Hunt, of Gum Point, N. Y., after operating for tracheotomy in a case of diphtheria, found the tube choked up. He placed his mouth to it in order to clear it by blowing. As a consequence, he contracted the disease and died of it. These sad cases are warnings to physicians not to imperil their lives in this way.

A SINGULAR CONCATENATION OF MISFORTUNES.—The death of a Dr. Desire Voulet, of Saillans, is announced under the following circumstances. He was called by a midwife to a woman in childbed; and, whilst assisting in the delivery, had an apoplectic fit. The midwife fainted, and the poor patient died of hemorrhage from want of timely assistance. It may be noted that the unfortunate Dr. Voulet was eighty years of age.—*British Medical Journal.*

—Over six thousand homœopathic physicians are registered in the United States. Of this number nearly one thousand practice in the State of New York; between six and seven hundred in all New England; Boston has less than one hundred; Baltimore less than fifty. It is said that in Great Britain and Ireland there are not two genuine homœopaths altogether.

—The frequency of chloroform deaths in England is leading to a revolution in favor of ether. In one medical journal alone seven deaths have been recorded from chloroform during the last nine weeks, and professional feeling is becoming very strong in demanding that nothing but ether be used. The English surgeons begin to recognize that ether is safer than chloroform, at which our Boston friends rejoice.

—In a recent work entitled Histoire de la Medicine à Troyes, Dr. Guichet relates that the College of Physicians of that town brought an action against a certain Nicholas Bailli for adminis-

tering internal remedies to his patients and *putting them to sleep.* In defense Bailli declared that, having observed that in great operations, amputations, incisions, actual and potential cauterizations, many patients slipped through his hands for want of sleep, he had studied the secrets of nature, and had at last found a cordial, or marvellous essence, which put them to sleep softly, and appeased their sensibility to pain.

TEST FOR SUGAR IN THE URINE.—Dr. L. S. Oppenheimer (*Louisville Medical News*) gives the following:—

℞ Cupr. sulph. cryst. - - gr. i.
Glycerine purif. - - - ʒ j. M.

One drachm of this mixture will reduce one grain of grape-sugar in a caustic alkali. Two or three drops of the mixture are put in a test-tube, and ʒss. liq. potas. added; the whole is then boiled, a few drops of urine added, and the whole boiled again. If sugar is present it will be thrown down as the brownish-yellow cuprous oxide. The test is surer than Trommer's; it can be used to determine the quantity of sugar, albumen does not interfere with the reaction, and the mixture will keep indefinitely.

A VENERABLE PHYSICIAN AND HUNTER.—The *Philadelphia Reporter* says that Dr. Graham, an old physician of Louisville, who is in his 97th year, has just started for the mountains on his "last hunt." He is the only living fort-born native of Kentucky. When he came into the world his parents were dodging arrows and tomahawks, and his youth was spent with a rifle in his hand. He says that he cannot die in peace until he shall once more have eaten venison of his own killing and cooking.

—One of the most ludicrous typographical errors lately reported was from the substitution of a "d" for the final "l" in chill. A gentleman, on making a trip east, left his wife in her usual good health, and was surprised in a few days at the receipt of a telegram announcing her serious illness. He telegraphed the family doctor for particulars, and received in reply the following: "Mrs. B. has had a child. If we can prevent her having another to-day she will do well." The husband's mental condition was somewhat perturbed until he ascertained the exact state of affairs.

CANADA

MEDICAL & SURGICAL JOURNAL

FEBRUARY, 1881.

Original Communications.

CASES OF HODGKIN'S DISEASE.

By Wm. OSLER, M.D., M.R.C.P., Lond.
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There is at present a tendency among certain writers to the belief that the various diseased conditions of the lymphatic glands are so related as to form a pathological series, the members of which may pass the one into the other. Thus Dr. Goodhart, of Guy's Hospital, says: "We find the following conditions of the lymphatic glands all closely related to each other: First there is a local chronic inflammation (the so-called scrofulous gland); next a local simple tumour, called by some hypertrophy; lastly a local malignant tumour, some varieties of which are called by some lymphatic cancer. These are all *local*. But there is also a parallel series of generalized affections, a diffused chronic inflammation or scrofulous state, a diffused or general simple tumour, a generalized malignant tumour, and with the exception of the scrofulous or caseous group . . . . and perhaps of the generalized malignant tumour, these various conditions can be shown upon very good clinical, if not pathological evidence, to lead the one into the other." However this may be, the cases characterized by a certain set of clinical features have been conveniently grouped together, and are described under the various names of *Hodgkin's Disease*, *Anæmia lymphatica*, *Adénie*, *Pseudo-leukæmia*, *&c.* The distinctive features of this affection are: gradual enlargement of groups of lymphatic glands, gene-

rally also of the spleen, disseminated lymphatic growths in the viscera, and anæmia with more or less cachexia. To the morbid process in the glands, the names of Lymphadenoma, Lymphosarcoma, Malignant Lymphoma, Desmoid Cancer, &c., have been given, and they indicate the diversity of opinion that prevails with regard to the nature of the growth. In the majority of instances, perhaps the term lymphadenoma is applicable, as the enlargement is due to an increase in the normal tissues of the gland, though the relation between the constituent elements is scarcely maintained so closely as in simple hypertrophy from irritation. In other cases the growth resembles an actively-growing sarcoma, and may involve contiguous tissues, or even infect distant organs. The following cases illustrate many of the chief features in the clinical history and morbid anatomy of the disease :—

CASE I.—*Lymphadenoma of the Retro-peritoneal glands—Enlargement of the Spleen—External Glands not affected.*—C. C., an immensely stout man, aged 40 years, first complained in May, 1876, of severe pain in the lumbar region. It evidently followed the course of the lumbar nerves, and there was tenderness over the same parts. This was called and treated as lumbar neuralgia, which it certainly was. There was at this time no alteration in the general condition of the patient, who maintained his usual appetite and strength. Some months later, and after the lumbar pain had continued with varying intensity, other symptoms occurred. Pains were felt down both legs, but more especially the left, and occupying mainly the anterior aspects. He began to feel weak and to lose flesh, and the pulse became soft and habitually rapid. The loss of weight was neither rapid nor excessive, but his muscles became soft and flabby, and he kept throughout an enormous corpulency of abdominal fat. After this a new direction of pain was experienced, viz., along the left spermatic cord, sometimes very severe. Then chills appeared ; these occurred at irregular intervals, sometimes slight, but at other times amounting to well-marked rigors. After these, the temperature would be quite high, 100°F. to 104°F, and during the interval, though much lower, it was nearly always a degree

or more above the *norme*. Diarrhœa set in, and obstinately resisted the use of astringents and other remedies. Exhausted by the very severe pain, which constantly required hypodermic injections of morphia for its relief, by the diarrhœa, which was generally copious, by the fever and by colliquative sweating, he gradually sank and died, 1st March, 1877. The case was certainly one in which it was extremely difficult to arrive at a positive diagnosis. The opinion held during life was that there was either deep-seated abscess in the abdomen (peri-nephritis?) or that malignant disease occupied the deep abdominal glands and pressed on the lumbar nerves. The former seemed the more probable explanation, being favored by the rigors, fever, sweatings and diarrhœa in the later stages. The autopsy alone revealed the true nature of the case—lymphadenoma of the retro-peritoneal glands, there being also a large spleen. This condition was not suspected during life, which will not be wondered at when the extreme rarity of such an occurrence is considered, and the fact that there were no enlargements whatever in the external parts which might have led to a suspicion of similar trouble in the corresponding internal lymphatics. It should be said that the extreme corpulency of the patient quite precluded the possibility of recognizing a moderate enlargement of the spleen. The blood was not examined. It is doubtful if, even had this been done, any material assistance would have been rendered in the diagnosis.

Autopsy, 24 *hours after death*.—Body that of a large-framed, somewhat corpulent man. Abdomen large; no œdema of legs. Skin very pale. External lymph glands not enlarged.

In peritoneum, about 30 ozs. of turbid serum; intestines of a dark slate-grey colour. In thorax, a few ounces of turbid serum in pleuræ. *Heart* soft, and the sub-pericardial fat is in excess; chambers contain dark blood and clots; valves are healthy; muscle substance very pale, of a yellowish-brown colour.

Lungs are crepitant throughout. No enlargement of bronchial or mediastinal glands.

Spleen is much enlarged, measures 35 cm. in length by 15

cm. in breadth ; capsule is thin ; pulp soft, of a dark purple-red colour ; trabeculæ not much developed.

Kidneys : fatty, capsules thick and more fibrous than usual ; organs are large and flabby, cortices swollen ; vessels of pyramids injected ; many of the straight tubules are filled with urinary salts.

Liver not enlarged ; substance pale and looks fatty.

Stomach and *intestines* present nothing of special note. Peyer's glands not enlarged.

When the intestines were turned out, the chain of lymphatic glands about the aorta and iliac vessels were seen to be greatly enlarged. Beginning immediately below the diaphragm, they extended in a continuous series to the femoral rings, involving the lumbar, sacral and internal iliac groups. They were entirely retro-peritoneal, and the affection was limited to the glands above mentioned, not involving the mesenteric or external iliac. Though in contact, the individual tumours were distinct, and could be isolated. Along the aorta to its bifurcation they were about the size of large walnuts ; close to the lower end of the left kidney there was one the size of a small apple. Four or five large ones were situated on either side of the external iliac arteries. One on the left side lay directly upon the genito-crural nerve ; another on the same side plugged the femoral ring. In the course of the internal iliacs the tumours were not so large. The larger tumours were soft, conveying to the touch the sensation of indistinct fluctuation. The smaller ones were firmer and more resistant. On section, the substance was soft, greyish-white in colour, interspersed with reddish streaks. In the smaller growths the cut surface was consistent, and looked more like the natural gland tissue.

Histological Examination.—Blood taken from the splenic and jugular veins did not show such a marked increase in the number of colourless corpuscles as to constitute leukæmia. *Spleen* : The only points of special note were the number of small lymphoid, colourless corpuscles, and the abundance of large round bodies containing either red blood corpuscles, diffused colouring matter or yellowish granular pigment. I have never seen these struc-

tures so numerous as in this specimen—from four to six could be seen in each field of the No. 9, im. (Hartnack). The enlarged *retro-peritoneal glands* consisted of the following elements: (1) Lymphoid corpuscles, very abundant; (2) colourless cells, like white blood corpuscles, about double the size of the lymph cells and with a more granular protoplasm; (3) giant cells; (4) fibre cells of connective tissue. *Heart* muscle was very fatty. Only the marrow of a rib could be secured for examination, and it presented the usual characters of this tissue, but the corpuscles containing red-blood were very numerous.

CASE II.—*Lymphadenoma of the Cervical, Axillary and Thoracic Glands—Large Mediastinal Tumour—Right Hydrothorax—Progressive Anæmia.*

James K., æt. 20, a patient of Dr. Sherman's of Morrisburg, Ont., who brought him to Montreal for examination on June 30th, 1880.

Family history—Parents alive; has brothers and sisters; he is himself a twin; no history of scrofula or other hereditary disease in the family, the members of which appear healthy and well nourished. Father and sons are very hard-working farmers.

Previous history—Has been a healthy lad; never any special illness. Has been a very hard worker.

Present illness—In November, 1879, he caught cold, had a severe chill, and pain in the right side. Did not lay up or have a doctor, but felt unwell for several weeks. About Christmas he noticed the glands on the left side of the neck to be enlarged. There was at the same time swelling of the thyroid. A slight prominence of the upper part of the sternum was noticed in January, and shortly after the glands in the right axilla began to enlarge. About a month ago the left axillary glands became swollen. Under treatment (iron and cod liver oil) the cervical glands diminished in size, and the enlargement of the thyroid disappeared. He has lost flesh, not much since March, and has become pale and short of breath.

Present condition.—Patient is an average-sized young man, fairly well nourished; eyes blue; complexion muddy, particularly

on lower part of the face; is anæmic, and complains of muscular weakness. Appetite is good; bowels regular; tongue moist, indented with the teeth. Pulse 128; respirations 55.

On inspection, left cervical glands greatly enlarged, forming a continuous tumour from behind the ear to the clavicle, occupying both anterior and posterior triangles. The individual glands in the collection can be felt, are moveable beneath the skin, of elastic feel, and not painful. On the right side there is no evident enlargement, but the glands can be felt with unusual distinctness, and just above the clavicle they are decidedly enlarged. In right axilla, just within the axillary fold, there is a tumour the size of a couple of billiard balls, and in the left axilla a smaller one; both are freely moveable, of moderate consistence, and not painful. The inguinal glands are not enlarged.

In front of the chest there is marked bulging of the upper two-thirds of the sternum and corresponding costal cartilages, forming a somewhat flattened tumour, extending from root of neck to level with the nipples, and about six inches in breadth. Its point of greatest prominence is opposite the 2nd rib. The skin over it is natural looking; there are a few dilated venules. There is no pulsation; it is painful on pressure, and pits slightly. The glands are enlarged in the epi-sternal pit, and just over the right sterno-clavicular joint are two glands, to which the skin is firmly adherent. In respiration the left side of chest moves more freely than the right, and the intercostal spaces are obliterated in the latter. On mensuration, right, 18 inches; left, 17⅛ inches. Apex beat visible 1¾ inches below and 1 inch to the outer side of the left nipple. On percussion, absolute dulness over swelling in front of the chest, extending on the left side as far as the nipple line. Outer part of left infra-clavicular and mammary regions presents a clear note; same on posterior regions of this side. Right side is uniformly dull, except a finger's-breadth beneath the clavicle and in the supra-spinous and upper part of outer scapular regions behind. Tactile fremitus absent over dull areas. On auscultation, breath sounds exaggerated and harsh on left side; tubular at upper part of right lung in front and behind, abolished at base on this side.

Heart is depressed, dulness merges with that of the sternal tumour; impulse forcible; sounds clear.

Abdomen looks full; superficial veins distended; when he stands up they become very marked, are coiled, and in places varicose. Sense of increased resistance in region of navel, but no definite tumour can be felt.

Liver extends two fingers-breadth below costal border, and in sternal line reaches to the navel. It is depressed, not enlarged.

Spleen not increased in size.

Urine is amber-coloured; sp. gr. 1023. No albumen. There is no tenderness over any of the bones.

Blood thin, claret-coloured. Red corpuscles tolerably uniform in size, with regular outlines; a few small ones noticed. White corpuscles appear a little more numerous than normal; no special alteration in size or appearance. No nucleated red corpuscles. With Gowers' hæmacytometer, number of red per cubic millimetre about 2,100,000,=42 per cent. Proportion of white to red corpuscles, 1 to 180. Percentage of hæmoglobin with Gowers' hæmachrometer, 46.

Diagnosis—Hodgkin's disease (lymphadenoma), with pleuritic effusion on right side.

The young man returned home, and the further history of the case, as gathered from Dr. Sherman, is as follows:—About the middle of July the fluid was drawn off from the right side, 14 pints, straw coloured. This relieved him considerably, and he was able to breathe quite freely. The sternal tumour had increased in size and became inflamed. On July 26th Dr. Sherman opened it at the lower part, and about half a pint of ill-conditioned, bloody, pus escaped. Appetite keeps good. On Aug. 9th the lad's father reported that the breathing had again become difficult, and dropsy was beginning in the legs. Death took place on Aug. 20th, rather suddenly, as he had been walking about the barn-yard the same day.

Autopsy, about 40 *hours after death*, in the presence of, and assisted by, Drs. Sherman and C. E. Hickey of Morrisburg, Dr. Wagner of Dickinson's Landing, Dr. S. Hickey of Aultsville, and Dr. Blackstock of Chesterville.—Decomposition had set

in; face swollen, skin discoloured and crepitant to the touch. Swelling in front of the chest had increased in size, and at the lower part, the incision above referred to was seen. Cervical and axillary tumours about the same size. On making the preliminary incision, a quantity of soft greyish material escaped from the tumour over the sternum. When cut into, substance soft and pulpy, with harder masses scattered through it. To a level with the 4th rib the sternum was destroyed, only a small bit uniting the clavicles above. The cartilages of the 2nd and 3rd ribs were also eaten away, and on the right side there was erosion of the bony parts as well. There was slight infiltration beneath the pectoral muscles, but the growth was not continuous with that in the axillæ. On fully exposing the cavity of the thorax, the entire anterior mediastinum was filled up with soft greyish white masses, lying upon the aorta and pericardium, and extending into the neck. A large rounded mass, firmer than the rest, occupied the position of the right auricle and pushed the heart to the left. Several isolated tumours were attached to the diaphragm. The antero-lateral part of right lung was closely united to the tumour; on the left side the lung was free, but the growth projected in nodular masses into the pleural cavity beyond the costal cartilages. About four pints of blood-stained serum in right pleura. Entire mass removed with lungs and heart. On dissection from behind, aorta not compressed, though the arch was surrounded by irregular masses. Œsophagus presented one or two enlarged glands attached to its lower third. On slitting up the trachea and bronchi, former not compressed, right bronchus free, left somewhat narrowed, a conglomerate mass of enlarged glands surrounded the trachea from the root of the neck to the bifurcation, and passed out the bronchi, particularly the left, and were imbedded in the lung substance. Immediately below the fork of the bronchi was a group of large glands, somewhat firmer than the others.

Heart transversely placed and pushed down; chambers and valves normal; arch of aorta crossed at level of 3rd intercostal space.

Lungs—Right collapsed, only the extreme apex crepitated.

Throughout the lower and middle lobes were numerous greyish-white masses, varying in size from a cherry to a walnut. They were very abundant in the fissure between the lower and middle lobes. The left lung was œdematous, otherwise healthy. The enlarged glands at the root penetrated into the substance, but not to the same extent as in the other lung.

Spleen 15 cm. in length, pulp soft, uniform; no nodular masses.

Kidneys presented nothing abnormal.

Liver pale, not enlarged. Nothing special was noticed in stomach or intestines. Peyer's glands not enlarged.

Lymphatic Glands.—The *cervical*, on the left side, formed a large tumour made up of a chain of glands extending from the sternum to the back of the ear. They occupied both triangles of the neck, and the sterno-mastoid muscle was stretched over them. The enlarged glands were closely adherent, about the size of walnuts, and tolerably firm. Many of the smaller ones could be enucleated. On the right side, only the lower cervical glands, just above the clavicle, were affected. The *axillary* glands were much enlarged, forming large bunches, composed of closely packed glandular masses, the individual elements of which were with difficulty separated. *Mesenteric* glands of normal size. *Retro-peritoneal* glands enlarged to the size of horse beans, and firm. One or two in the hilus of liver, also enlarged. *Inguinal* glands not affected. Owing to decomposition, the glands were doubtless softer than during life. On section, they had a greyish colour and a soft cerebriform appearance; a considerable quantity of juice was obtained on scraping the cut surface. Some of the glands were firmer, and had strands of firmer tissue passing through the substance. One or two of the masses in anterior mediastinum presented in spots a caseous appearance.

The decomposed state of the glands did not allow of a very satisfactory microscopical examination of their tissue, when recent, but hardened specimens showed, on section, closely packed lymphoid cells with a variable amount of fibrous stroma. In several portions of the mediastinal mass the crowded elements had undergone caseous degeneration.

CASE III.—*Lymphadenoma of the Cervical, Axillary and Mediastinal Glands—Progressive Anæmia.*

T. B., aged 20, a machinist, was admitted to Hospital Nov. 20th, 1880. Parents living and healthy. Has four brothers and sisters. He is a twin. There is no consumption in the family, nor have any of the members suffered from glandular enlargements. Had typhoid fever three years ago; does not think he has ever been so strong since. About the middle of last February the glands on the left side of the neck became enlarged, and shortly after those of the left axilla; the latter increased rapidly in size, and got painful. He has lost flesh, and has become pale and weak. Has had a cough for some time.

Oct. 25th.—At this date the patient was sent for examination by Dr. Rodger, of Point St. Charles, under whose care he has been. Appearance that of a pale, thin young man; long face, eyes blue; head elongated in anterior and posterior diameter; forehead narrow, but very prominent. In left cervical region glands in anterior and posterior triangles enlarged, the size of large almonds, and forming a conspicuous swelling. There is an enlarged gland placed directly over middle of left sterno-mastoid muscle. On the right side there is a single large gland in subclavian triangle; the others are scarcely perceptible. In left axilla there is a bunch the size of a small fist, situated anteriorly, beneath the pectoral fold. The separate glands can be distinctly felt, and they are elastic, moveable, and not painful. Right axillary glands were sore at one time, and a little swollen, but are now of normal size. Inguinal glands not enlarged. On inspection of chest, a decided prominence is noticed on left side, over cardiac area, extending beneath third, fourth and fifth ribs, as far out as the nipple line to the left, and to the middle of sternum on the other side. The swelling occupies an area about the size of the palm of the hand. Percussion gives a dull note over the swelling, as high as the second space above, and merging below with the cardiac and hepatic dulness. To the right its limit is about the mid-sternal line; to the left, the nipple line. Over the rest of the chest the percussion is normal. No special alterations in breath sounds.

Splenic dulness not apparently increased. Liver normal. Appetite good. Blood not leukæmic ; proportion of colourless corpuscles not ascertained. Weight, 131 lbs. ; in May was 141.

Nov. 21st.—Present condition. Has been at home since last note, in much the same condition, but is now somewhat weaker, and has lost five pounds in weight. Glands in left cervical region have diminished much in size, the enlargement being now hardly visible on cursory examination. On palpation, however, they can be felt, slightly enlarged, hard, and freely moveable. There is one the size of a small walnut, lying directly upon the centre of the sterno-mastoid muscle ; on the right side, there is one in the anterior cervical region, and a couple of small glands over the mastoid process of the temporal bone. The right lobe of the thyroid seems a little larger than the left. In left axilla the bunch of glands formerly described maintains about the same size. He thinks they have been larger, and they have been painful (since last examination.) The individual glands are not distinctly perceptible. The skin over them is not adherent, the whole bunch being freely moveable. Inguinal glands just perceptible.

Thorax and Abdomen.—Inspection.—There is a prominence, as formerly noted, in the left mammary region, extending from about the second to the sixth rib, and laterally from the left border of the sternum to the left border of the nipple, and is most prominent in the transverse nipple line.

Percussion.—On the left side there is dulness, from the second rib in the para-sternal line, which is continuous with that of the heart. To the left, the dulness extends for half an inch outside the nipple line. To the right, it extends nearly to the right border of the sternum. Over the upper bone of the sternum, the note, though not absolutely dull, is deficient in clearness. A clear note is obtained over the clavicle, the infra-clavicular, axillary, and posterior regions of the left side, and over the entire right chest. Apex beat can neither be seen nor felt.

Auscultation.—At apices, in front breath sounds appear somewhat weaker on the left side ; behind, scarcely any notice-

able difference. No special difference in breath sounds elsewhere behind.

Liver.—Dulness from lower border of sixth rib, and does not extend below costal margin.

Spleen.—Cannot be felt on palpation. Vertical line of splenic dulness is about three inches. Nothing special on palpation of abdomen.

Heart sounds clear. Region of greatest intensity, just below and a little to the left of the nipple.

Appetite very fair. Bowels regular. *Urine*, no albumen, no sugar. About three weeks ago his voice suddenly became harsh and husky.

Nov. 25th.—Blood examined to-day. Drop of a good colour, not hydræmic. Red corpuscles run together into irregular clumps, and do not form natural rouleaux. They appear of tolerably uniform size, no very small ones are seen. One or two have an irregular outline. Colourless corpuscles are increased to a moderate degree, and many appear smaller than usual, otherwise they have a natural appearance. Schultze's granule masses very abundant. Fibrin fibrids form an unusually dense and clearly defined network. Hæmoglobin (with Gower's apparatus), 48 per cent.

Nov. 27th.—Complains of an aching pain in chest, with a focus in mid-sternum, which came on last evening. It is easier to-day.

Nov. 29th.—For three nights the pain has recurred with increasing severity, and last night interfered with sleep. No change otherwise.

Dec. 2nd.—For three days his evening temperature has been up to 102°. Morning temperature, nearly 101°. Is looking considerably paler than when he came in. No change in neck. Tumor in anterior thoracic region looks fuller, slightly flushed, and œdematous. To-day pain is less over the sternum. No change in axillary tumours.

Blood drop of a good colour. White corpuscles seem in greater abundance. Granule masses large and plentiful. Red cor-

puscles per cubic millemetre, 3,550,000. The ratio of white to red is 1 : 185·2. Allowed to go out for exercise.

Dec. 7th.—Left the hospital for his home in the country.

The treatment advised by Drs. Howard and Rodger, of Liq. Arsenicalis and cod liver oil, with nourishing diet, was continued during his residence.

THE RUBBER SYRINGE AS A STOMACH PUMP IN CASES OF ACUTE POISONING.

By J. A. GRANT, M.D., M.R.C.P., Lond., &c., Consulting Surgeon, General Hospital.

(*Read before the Ottawa Medico-Chirurgical Society.*)

On January 19th, 1881, was suddenly summoned to the residence of Mr. M., on account of his son, aged 6 years, having accidentally swallowed a quantity of carbolic acid bug poison. Saw the child about ten minutes after the poison had been taken, and found him cold, with feeble pulsation and the breathing almost suspended, the only indications being an indistinct muco-crepitant râle about the upper part of chest and throat. Without delay the right fore-finger was inserted into the throat and the epiglottis elevated, which seemed spasmodicaly closed. Air rapidly rushed into the lung tissue, and suddenly greater evidences of existing vitality developed than previously anticipated. After pouring a quantity of oil down the throat, I endeavoured to use the stomach pump, and then discovered for the first time that the instrument was broken. Having no better appliance at hand, I inserted the long tube of an ordinary india-rubber injection pipe into the stomach quite easily, and pumped in a quantity of water, which I hoped to remove by leaving only the tube *in situ* and changing the position of the child. Such, however, was unnecessary, as after the tube was detached from the body or central part of the instrument the fluid from the stomach rushed out at a bound through the tube, and thus the contents of the stomach were rapidly and unexpectedly removed. This washing out process was repeated three times in the space of a few minutes, after which the ejected fluid gave no particular indications of carbolic acid. After being two hours

in charge of the case, Dr. Bentley kindly assisted, and administered freely milk and lime water, which for several hours was swallowed with considerable difficulty. The return of sensibility was slow but gradual, and for fully five hours the body temperature was low, pupils moderately contracted, skin pale, and the lips, chin and mucous membrane of the mouth presented quite an excoriated appearance, from the direct effects of the carbolic acid, all of which was much benefited by the free application of olive oil.

On the third day from the date of accident the child appeared as well as could possibly be expected under the circumstances, and only at times complaining of a sense of gastric discomfort, and more or less irritability of temper, all of which had almost entirely subsided within the first week. As is well known, the employment of an ordinary stomach pump requires care, in order to avoid injury to the soft parts from the ivory end of the tube. Several such records of injury are published. The application of the ordinary india-rubber syringe is, however, superior to any other appliance in such cases—first, from its great simplicity; second, from the ease of application; and third, from the fact that when the body of the instrument is detached, the ordinary contraction of the stomach, diaphragm and the abdominal muscles will expel the contents of the stomach freely, without any effort being made to pump out the fluid in the usual way. Thus it appears that the contact of the tube with the gastric walls excites reflex expulsion, like the tickling of the throat with the finger or a feather in order to induce emesis. Thus we have at our disposal an inexpensive, simple and practical means of removing poisonous substances from the stomach, and with a degree of rapidity vastly superior to any other appliance heretofore recommended under such trying circumstances. From an examination of the ejected fluid, the quantity of carbolic acid taken was about a tablespoonful, the ill effect of which on the gastric mucous membrane was considerably modified from the fact that the stomach contained several ounces of fluid at the time of the accident.

The toxic effects of carbolic acid, so far known, have been best

counteracted by the free use of diluents. As an evidence of the muscular contractile power of the stomach when subjected to local irritation, we have the experiments of Dr. Bidder and Schmidt on the gastric fistulæ of dogs: "On inserting the finger into the hole, it was felt to be squeezed, and the solid aliments introduced into the organ by the opening were carried forward in the usual manner." (Chambers on Digestion, p. 39.) In morbid affections of the stomach traceable to nervous influence, defective muscular power, or even changes in the media of solution, the insertion of a small elastic india-rubber tube into the stomach, in any case of doubt, would readily afford an opportunity of examining the peculiarities of the fluid contents, and thus aid considerably as to diagnostic accuracy. In cases of dilatation of the stomach, independently of pyloric obstruction, Dr. Kussmaul, of Freiburg (Reynolds' Med., vol. 3, p. 126,) proposes to evacuate the stomach by means of the stomach pump, particularly when vomiting has commenced, as an evidence of over-accumulation of food. In order to neutralize the acid mucus still charged with the products of fermentation, he has washed out with Vichy water, and is of opinion other remedies can thus be applied with a similar object in view. Gastric tube treatment will be greatly facilitated by the simple appliance proposed, whether in cases of poisoning or ordinary gastric disease.

SURGICAL CASES (STRICTURE, NECROSIS, ULCER OF RECTUM, &c.)

By G. CUTHBERTSON DUNCAN, M.D. (McGill), L.R.C.P., Edin., B. Sc., Paris, &c.

Communicated to the Medico-Chirurgical Society of Montreal.

Trusting that a few remarks from this great centre of the surgical world may be of interest, I take the liberty to give you a short account of some few cases which have occurred in my practice during the past two years, both here and in London. The many improvements lately made and proposed in surgery render it of great practical importance to the surgeon to be cognizant of every available means to treat the many

forms of disease to which the human frame is liable; yet, with all at present known, he is often powerless, sometimes from unexplained causes. If I might be allowed time, I would try and discuss the merits of some of the modern improvements, or I might say innovations, but will content myself for the present by alluding in a cursory manner to some cases of special interest to me, most of which were attended with good results. The first three were of peculiar interest to me from two points of view: firstly, because they had all been operated on by various methods previously, by distinguished men, and secondly, because good results were obtained by a line of treatment not generally employed.

No. I., aged 28, had contracted a severe urethritis, which lasted three months, treated by injections, which left behind considerable narrowing of the canal. He was operated on by internal urethrotomy, but had a return in three months, when he was treated by *gradual dilatation*, by which means he never succeeded beyond passing a No. 6 bougie (English scale.) I saw him after a year's treatment by this method, and found considerable thickening of the lining membrane of the canal, and deeply seated about the membraneous portion were thickened masses, varying in size from a flattened pea to that of a good-sized bean. There was a history eight years previously of syphilis, with but slight traces left. I commenced to treat this case by *continuous dilatation*, allowing three days to intervene between each increase in size, beginning with a No. 2 and reaching No. 6, but beyond this I could not go without using considerable force. At first a very copious muco-purulent discharge was the result. Suspecting that syphilis might be the probable cause of the want of success on former occasions, I put him on a mixture of the biniodide of mercury and iodide of potash, and in three weeks I could insert a No. 12 with ease, and no trace of the nodules in his perineum, although the lining of the canal remained considerably thickened. *Eighteen* months have now elapsed, and no diminution in size, and great gain in flesh.

No. II., aged 32, had contracted gonorrhœa three years

previously, followed by considerable stricture situated in the membranous portion of the urethra, and had been treated by *gradual* dilatation at irregular intervals ever since. Upon examination I found considerable thickening in the submucous tissue, and three or more firm resilient bands in the membranous portion. I commenced by passing a No. 2 gum elastic catheter, which I tied in. After twelve (12) hours I was obliged to desist, as he had a severe rigor, followed by a temperature of 101°, which subsided on the withdrawal of the instrument. Three days after this I could pass with ease a No. 3, and at intervals I increased the size until I reached No. 8, when there was a standstill, and upon attempting to dilate with conical bougies the pain was so great, and followed by rapid rise in temperature, that I had decided on performing internal urethrotomy, when I thought of examining him for syphilis, when I found considerable induration of both the cervical and inguinal glands and the remains of a hard chancre, although he denied any knowledge of it. Commencing a course of mercury and the iodide of potash, I again attempted to dilate his urethra, and succeeded in five weeks in being able to pass a No. 11. Fourteen months have elapsed, and his condition remains the same.

No. III., aged 60, with a somewhat variable history. He attributed his trouble to an injury from the pommel of a saddle, but as he had contracted syphilis some twenty years ago, and gonorrhœa on several occasions, I gave due credence to this as a cause. He had been treated by the late Sir Benjamin Brodie for stricture on different occasions, by various means, and by others of a later date, and when he presented himself he had a narrow tortuous passage through the membranous portion of his urethra, and the whole of the perineum indurated with irregular masses, some the size of a pigeon's egg, adherent to the urethra itself. The symptoms accompanying this, both past and present, pointed clearly to false passages, infiltration of urine and perineal abscess. With much difficulty, I succeeded in passing a No. 1 gum elastic catheter, which I allowed to remain for seventy-six (76) hours. By this method, at the

end of fifteen days I could pass a No. 7, when the discharge, which was very copious at first, had almost ceased. At this stage I commenced mercury, combined with the iodide of potash, when there began a gradual decrease in the size of the masses of lymph, until at the end of six weeks only traces of them remained. During the latter part of the treatment I used gradual dilatation, with conical steel bougies, until I could pass a No. 13. During the past year he has himself passed a No. 12 every month, and at present there is no change.

These cases were of interest to me from the possibility of syphilis being the cause of the tendency to relapse, and I think it is a fact too often overlooked in the treatment of stricture of the urethra, especially as the origin of both diseases is generally from the same source; and when one thinks of the many instances in which syphilis is the cause of stricture in this passage of the body, it does not seem improbable to me that it might play an important part in the formation of stricture of the urethra, even without gonorrhœa accompanying it. I think Mr. Reginald Harrison, of Liverpool, was the first to combine antisyphilitic treatment with the mechanical for the treatment of stricture in such suspicious or intractable cases. I am convinced that without the medicinal treatment in these three cases I would not have obtained the same results, but whether from its antisyphilitic or its absorbent properties I am not prepared to say.

No. IV. was a little girl aged 5 years. In April, 1879, she contracted a fever, probably typhus, ushered in with bronchial complications, but was convalescent by the end of May, when an abscess appeared on the right arm, a little below the shoulder on the outer side, accompanied by severe constitutional disturbance and pneumonia of the right lung, and all the symptoms of pyæmia. As soon as pus formed it was evacuated, under antiseptic precautions, and a drainage tube inserted. Shortly after this, another made its appearance on the lower side, near the elbow joint, which was treated in a similar manner. After this the child made a slow recovery, and although a heavy discharge followed for some time, no sequestra or opening into the bone could be detected, but a large portion of the surface of the

bone was completely denuded of its periosteum. Looking upon it as a case of suppurative periostitis, and deeming surgical interference unadvisable in her low condition, I decided to wait. She made a good recovery from her lung difficulty, and went to South Wales during the months of August and September. During her stay she gained rapidly in flesh, and returned to London, when a small opening communicating with the interior of the bone at both openings, and a small sequestrum ½ of an inch in length, made its appearance. The size of each of these openings would scarcely admit the end of an ordinary silver probe. Upon consultation with Mr. Thos. Smith, it was decided to operate, and on the 28th of September the bone was broken open, and found at both openings a mere shell, and extending upwards to the head of the humerus, leaving only a thin partition between the probe and the joint, and a similar condition at the lower end, but to a less degree. There never was any roughening of the articular surfaces. Both cavities were thoroughly scraped out, and filled with strips of lint soaked in carbolic oil. There was considerable discharge following this, but it soon ceased, and considerable new bone thrown out, especially at the lower end, and the flesh was rapidly closing around the openings. The parents went to Paris about the beginning of November, when the discharge commenced again, with roughening of the inner surfaces. I arrived in Paris on the 7th, and operated on the 11th. Dr. MacGavin kindly giving chloroform, I removed the whole of the inner structure of the epiphysis and part of the shaft extending upwards about three (3) inches, and scraped out the upper cavity, where new bone was rapidly forming on one side, but on the lower and inner side the whole of the old shaft was spongy, which I removed. The new bone acting as a splint, I decided to leave the central part of the shaft, as it presented a healthy appearance, and acted as a support. The same treatment was adopted as on the previous occasion. Rapid progress was made until the beginning of January, when slight roughening and some discharge appeared. I again cut in, and scraped all roughened surfaces, which were all in the centre of the bone, and appeared

to be the remains of the old bone partially surrounded by a new formation. Again on the 13th April, as the discharge returned, Dr. Stigi, of Mentone, giving chloroform, I opened the middle portion and broke away the remains of the old shaft. The wound healing rapidly, but kept open with a drainage tube through the centre of the bone from the upper to the lower opening, afterwards replaced by a strand of ligature silk, which was removed at the end of May, and immediate closure followed its withdrawal. For some few weeks there was considerable thickening of the lower end of the humerus, which interfered with the full flexion of the forearm, but has entirely disappeared, and now the parents write me that there is no difference between each arm, and the only trace left is two small scars, which are rapidly contracting.

No. V., aged 26, consulted me in Paris last December for ulceration of the rectum, with hæmorrhoidal masses protruding, and accompanied by profuse hæmorrhage. He had been treated by all kinds of astringent injections and suppositories. Upon examination I found the lower three inches in the condition already described, and upon consultation with Dr. MacGavin, I decided to remove all the carunculated masses with the thermo-cautery, and to sear all the ulcerated surfaces, which was done on the 20th of December last year, Dr. MacGavin kindly giving chloroform, and assisted by Mr. W. F. Cooke. After removing the lower part of the bowel, I could feel a deeply seated mass on the left side, and a small hole communicating with it. Tearing this sac open with the finger, I found and dislodged a hardened mass, the size of a good-sized almond, which afterwards proved to be the remains of a suppository containing belladonna leaves. The date of the last suppository used was four months previous. After searing the abraded surfaces, I kept him on opium and milk diet for several days. The temperature never exceeded 100·6°. He progressed favorably for about a month, losing but little blood, and little or no pain, but several masses of a leathery texture rapidly formed, external to the sphincter. There still remained several ulcerated patches, which were cauterized from time to time with

nitric acid, under which they would disappear, but would be replaced by others, and two months after an abscess opened at the external edge of the sphincter, with *no* internal opening. I slit up the sac on a director, and removed several small masses, Dr. Battersby, of Cannes, giving chloroform, and kindly assisted by Dr. Morris, of Stamford Hill, London. During the next few months there was very slow progress, during which time both nitric acid and the nitrate of silver were applied. During the following summer he consulted Mr. Allingham, under whose treatment he has continued until the present time, and I have at hand a letter of the 24th instant, in which he tells me that he would be quite well for a month or so, and then a return. But three weeks previous to writing, he says, he had his rectum cut down, by which, I suppose, he means that the sphincter was divided, and was progressing favorably. The closest examination in this case failed to elicit any specific cause, nor can I attribute any reason why there should be a return of his trouble after a comparative recovery. I used in this case, as in the following one, a speculum of my own device, consisting of two blades, which can be separated at both ends to any extent, thus giving the operator more freedom in the manipulation of instruments, as well as his fingers.

No. VI., aged 28, whom Dr. MacGavin kindly asked me to examine with him, in which the symptoms were somewhat obscure. His principal trouble was a severe pain of a transitory character, but especially severe, in the umbilical region and in the position of his rectum. Upon examining his rectum, a few swollen masses and fissures were found, with severe tension of the sphincter. Thinking this to be a sufficient cause, I removed the small tumors with the thermo-cautery, and seared the fissures. At Dr. MacGavin's suggestion, I stretched, by forcible means, the sphincter, after which the pain disappeared, and he left for Ireland in 12 days, completely recovered.

In this case there was great difficulty in getting him under the influence of chloroform, I think from the fact of having commenced to operate too soon, a difficulty I have experienced on other occasions under similar circumstances, most probably from reaction through the sympathetic system.

RAPID DILATATION OF THE FEMALE URETHRA FOR THE CURE OF CYSTITIS.

By WM. GARDNER, M.D.

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[*Read before the Medico-Chirurgical Society of Montreal.*]

Chronic cystitis is, it will be admitted on all hands, a most distressing, painful, tedious and debilitating disease. Its internal treatment by drugs, and its local treatment by injections, are almost always tedious, often unsatisfactory, and not rarely altogether unsuccessful. The following case, successfully treated by a surgical procedure, as yet *sub judice*, is offered as a contribution to the literature of the subject:—

Mrs. B., æt. 24, married three years, the mother of one child six months old, born at full time, after a moderately difficult labor, from which, however, her "getting up" was not of the best, consulted me at the University Dispensary for Women on the 6th December, 1879. On inquiry it appeared that ever since the birth of her child she had suffered from pain in the loins and right iliac region. The bladder symptoms came on two or three months after her confinement, and consisted of frequent and painful micturition; the pain was both before and after the act. She was obliged to be up to pass water, on an average, three times each night. During the day it was more frequent. The urine contained blood and pus in marked quantities. She was suckling her child, but was also menstruating regularly and copiously every four weeks, the flow containing clots, and often lasting eight days. She was markedly anæmic, complained of weakness, loss of appetite and habitual constipation. Inspection of the external genitals showed vulvitis and vaginitis, with erosions of the urethral orifice. Marked tenderness of the base of the bladder as felt through the vagina. On sounding, no evidence of calculus. Uterus healthy and in normal position. Copious vaginal injections of hot water twice a day, the application of glycerine of tannin to the vagina by cotton wool pledgets, and internally large doses of bicarbonate

of potash, with tincture of hyoscyamus in camphor water, were ordered. Under this treatment she seemed to improve for two or three weeks, but speedily relapsed. She was then given small doses of tincture of cantharides, but this seemed to make her worse. Her next prescription was hyoscyamus and extract of buchu. This did no good. On the 15th January, vesical injections of a 2 per cent. solution of carbolic acid were commenced, and continued for some weeks, being alternated with weak nitric acid. This treatment did no good. It is true they were not used more than three times a week, but as it was inconvenient to use them more frequently, and as after two months' perseverance in the treatment there was no improvement, I resolved at once to dilate the urethra. The patient was ordered to wean her child, and a week later the operation was performed, with a diagnostic as well as curative object, as I could not certainly otherwise exclude some hidden cause for the symptoms. After etherization, Ellinger's uterine dilator was passed into the urethra, and the blades gently and gradually separated by intermittent efforts. After moderate dilatation by these means, gradually increasing sizes of rectal bougies were passed in, till in ten minutes from the commencement of the process I was able to coax in my index finger. A thorough exploration of the urethra and bladder failed to detect any morbid condition of either, other than some roughness of the mucous membrane of the base of the latter. The existence of fissure of the neck of the bladder, which I thought of as being a possible cause of the symptoms, was not discovered, but this was scarcely to be expected, even if it were present, after the amount of dilatation described. There was slight rupture of the orifice of the urethra in the usual situation, the upper or pubic wall. The patient complained of some soreness during micturition, and the blood and pus in the urine persisted for a few days, but the severe spasmodic pain and frequency of micturition were absent from the moment of the operation. Subsequent treatment consisted of milk diet, regulation of the bowels, ammonio-citrate of iron internally, and locally continuance of the hot water vaginal injection. On one occasion only, three

or four days after the operation, was there slight incontinence—a little gush of urine escaped when the patient stood up. She steadily improved. A month after, the bladder symptoms were completely cured, save that a faint cloud of mucus still existed in the urine. Anæmia disappearing; appetite and strength rapidly returning. Four months afterwards considered herself perfectly cured of the bladder symptoms.

I do not, of course, pretend to advance the treatment here adopted as original, but it is certainly comparatively new. It is true that dilatation of the female urethra was practised three or four centuries ago, but these early operations were for the extraction of calculi and foreign bodies. Benevieni and Marianus Sanctus recommended and described the operation at the beginning of the 16th century. In later times, Solinger, in 1698, and Douglas and Bertrandini, in 1769, performed the operation gradually by tents made of the roots of plants, or by sponge covered with parchment. Bromfield employed the *processus vermiformis* of a small animal. He introduced the bit of intestine into the urethra, and then distended it with water. Instrumental dilatation was contrived as long ago as 1556, by Peter Franco, and described by him in a treatise, "De la Cure de la Pierre aux Femmes," published at Lyons in 1561. Franco's instrument resembled an ear speculum. Other Italian surgeons, Fabricus Hildanus, in 1628, and Mazotti, of Florence, in 1770, employed metallic urethral dilators with expanding blades. Sir Astley Cooper also devised a metallic expanding dilator. It may be said of all such instruments, that when used to dilate the urethra to the extent necessary to introduce the finger, they are apt to lacerate the passage at its external orifice. They are only to be recommended for the preliminary step of the dilatation. Modern impetus to the employment of the operation was chiefly given by the late lamented, much gifted Gustav Simon, of Heidelberg, who gave explicit instructions for its performance by a set of dilators which he invented for the purpose. Winckel, of Dresden, author of the section on Diseases of the Female Urethra and Bladder, in Billroth's "Handbuch der Frauenkrankheiten," is also a strong advo-

cate for the operation, and corroborates all that Simon claimed for it in the way of curative results and inocuousness.

In America, Noeggerath, Mundé and others, of New York, and Goodell, of Philadelphia, strongly advocate and frequently practise it. Mr. Christopher Heath, of London, has also published favourable accounts of its employment. The principal opponent to the operation at the present time is probably Dr. Emmet, of New York, whose opinion on all such matters must be respected from his probably unparalleled gynecological experience. In the course of a discussion on the subject at a meeting of the New York Obstetrical Society, in March, 1878, he remarked that he had seen at least half a dozen cases of incontinence follow the operation performed by other surgeons, and that in eleven cases by himself, two had permanent incontinence, and that, moreover, he knew of no benefit from the procedure in chronic cystitis. On the other hand, Dr. Noeggerath, at the same meeting, reported that he had performed the operation seventy-five times, with incontinence lasting longer than four weeks, in only two cases. A feasible explanation of the discrepancy in results obtained by these two operators has been suggested by a recent reviewer of the second edition of Dr. Emmet's book—that it is because the index finger of the latter is at least one-third larger than that of Noeggerath. A careful examination of the experience of a considerable number of operators would seem to show that the operation is free from danger of subsequent permanent incontinence of urine, if the urethral tissues be fairly healthy, and if the dilatation be not carried to an extent greater than is necessary for exploration by an index finger of medium size, say three-quarters of an inch; and, moreover, that the majority of the cases of incontinence have followed dilatation for the removal of large calculi, which undoubtedly in the present state of surgical experience ought always to be removed by vesico-vaginal incision.

extending down to testicles, and pain at root of penis on micturition. Frequent attacks of salivation.

On admission—Muscles are found to be soft and flabby, and there are evidences of considerable emaciation; skin soft, moist, not discolored; slight yellowish tinge of conjunctivæ; no tension or marked retraction of abdomen; tongue moist and slightly coated; teeth and gums clean; lead line well marked, especially upon upper gums. Pain complained of is very severe, and referred chiefly to upper abdominal regions and around the umbilicus; pain seems to be most severe during the night, coming on about 10 o'clock, and is relieved somewhat by pressure over the abdomen. Also complains of dull, heavy pain in lower sternal region, especially after eating. Suffers frequently from cold, clammy perspiration. Complains greatly of pains in both knees, which also extends towards adductors of thighs; also severe pain in wrists, but no tendency to a palsied condition of these parts.

The treatment adopted was the same as in last case, viz., poultices to bowels, salines to relieve constipation, and morphia for pain, and latterly iodide of potassium in 5 grain doses. By these means a rapid cure was effected, and he was discharged on 2nd January, with instructions to renounce the dangerous employment he had been following.

Case of probable Multiple Sclerosis in an early stage. Reported by Mr. J. W. Ross.

James M., a fairly nourished lad of 17 years, was admitted into Hospital December 1st, 1880, to be treated for some paralytic condition. Has always enjoyed good health, but is a very dull, obstinate youth, and is said to have been awkward in his gait ever since four years old. On the day previous to admission, after having been in the house for a few days owing to a slight cold, he got up to walk across the floor, when he fell suddenly; he was helped up and assisted up-stairs to his room, being unable to go alone owing to weakness complained of in his left side. There was no loss of consciousness, nor frothing of mouth, nor convulsive movements.

Patient is of average size for his age, with a rather dull and stupid expression, and at times tending to be emotional. Slight difficulty in separating knees while lying in bed and in flexing legs on thighs; considerable impairment of muscular power of legs most marked in left; tendon reflex increased, but not excessive; ankle clonus easily developed, especially in left foot; sensation intact; no abnormal sensations. In walking, stiffness is noticed in the left knee, which seems to be bent with difficulty and the left foot drags somewhat; there is also apparent swaying of the body on turning round. There seems to be slight impairment in muscular power of left arm, which, on being lifted up, is seen to assume a slight lateral tremor, which is aggravated on attempting to control it. In speaking, the utterance is slow and hesitating, and accompanied with slight tremor of lips: at times it is quite monosyllabic and scanning in character, and at other times distinctly slurring, so that he is understood with difficulty. Thoracic and abdominal viscera apparently healthy.

His friends state that he has always been an obstinate and unmanageable boy, given to all sorts of vices; and that latterly he has been acting queerly and doing aimless things, such as wandering away from the house, and remaining away for weeks, and then returning home in a wretched condition. Remained a few days only, and returned to his friends.

Correspondence.

LONDON LETTER—MEDICAL NOTES.

To the Editor of THE CANADA MEDICAL AND SURGICAL JOURNAL.

SIR,—If I were to be required to select from among the physicians I have thus far seen about their work since coming to this metropolis a model of the "careful physician," that man would be Dr. Stephen Mackenzie, of the London Hospital. Even in the out-patient department, with its scores of cases daily, almost every case is sent into an adjoining room to strip for examination; and every organ is examined—no lurking places for fallacies or errors left. The ophthalmoscope is daily called into requisition in this routine out-patient practice; and in the

wards especially, Dr. Mackenzie devotes much of his time to medical opthalmoscopy, a branch of our art as beautiful and interesting as it is valuable, for the *fundus oculi* is a sort of signal station where danger is indicated long before the coming catastrophe could be otherwise suspected, and when it may possibly be averted. Anent this very matter the doctor has now in his wards two rare and interesting cases:—

(1) Pernicious Anæmia, with *retinal hæmorrhages*; and

(2) A case of Land Scurvy, with obscure etiology, in which the whole *fundus* is covered with hæmorrhages, reminding the observer forcibly of large thickly disposed purpuric extravasations in the skin. This case, too, seems to be going from bad to worse; the pallor is extreme, and while the bleeding overhanging gums have improved, the patient seems to be gradually losing ground.

The result of the examination of the blood in the case of Idiopathic Anæmia was as follows: Red blood corpuscles, only one-fifth per cent; smaller, very pale; some with appearance of nuclei, and some with processes. The characteristic very small, very red corpuscles absent. The patient was a man of about fifty years of age.

Among this same class of cases may be put what is called *Peliosis Rheumatica*, a very peculiar affection; whether a distinct disease, or only a sequel of rheumatism, is undecided. In all the cases I have seen, the patients had either had rheumatism or had rheumatic pains. It is characterized by the appearance of successive crops of purpuric spots on the limbs, especially in the neighborhood of joints, which die away rapidly, leaving a faded-out tinge, very suggestive at first sight of a waning syphilide. Both the eruption and pains are evening phenomena. The whole malady calls for further investigation. This matter of purpura reminds me of a caution to be observed in the administration of iodide of potassium to children, viz., to begin with very small doses. A young child was poisoned fatally by a single dose of two grains and a half. There were large blotches of purpuric extravasation over the face.

Does tubercular meningitis, with recovery, ever occur? When

so able a trio as Dr. Hughlings Jackson, Dr. Sutton, and Dr. S. Mackenzie agreed on the diagnosis, it seems superfluous to doubt. There was recovery in this case; iodide of potassium was given. For meningitis, syphilitic and simple, the internal administration of mercury and iodide of potassium is being practised now with apparently good results.

Dr. Mackenzie has devoted considerable study to the subject of diabetes mellitus. A synoptical presentation of his views and treatment may be interesting.

(1) There is a characteristic *facies* and complexion; sad cast of countenance, moist eye, light brown hair, &c.

(2) It is very important to make a daily quantitative statement of the excretion of *urea*, as well as of sugar. The doctor has most elaborate tables prepared for him by his clinical clerks.

(3) When fatal, it usually terminates either by phthisis or coma-collapse.

Treatment—In addition to the usual strict dietetic rules, medicine is given. He tries first those drugs that are *anti-fermentative* in action, such as salicylate of soda, carbolic acid, and later, lactic acid.

Problems solved.—(1) Do gummatous nodes occur in secondary syphilis? Dr. M. related a case of a node of the heart, found *post-mortem* in secondary syphilis.

(2) Is the embolic theory of chorea correct? The following case bears in a suggestive way on this matter: A mother had mitral stenosis, which was followed by paralysis; her child had mitral stenosis, followed by chorea.

(3) Suppose a patient to have syphilis, and at the same time Bright's disease, should mercury be withheld?

Dr. M. had a case which I saw with exactly this complication (syphilis in the second stage, eruptions visible.) Mercury was given with great benefit in all respects.

(4) Can epilepsy be cured? A man presented himself at the *externe clinique* who had taken bromide of potassium for years after the fits ceased. He then ceased to take it, and for many years the fits did not return; but after a small operation

they again recurred. This was practically a cure, however, as the bromide soon arrested them, and so far effectually.

(5) Can diabetes mellitus be artificially induced, or, to speak more correctly, a permanent condition of glycosuria? This was clearly demonstrated in the case of a woman who had been accustomed to eat large quantities of sweetmeats daily as an antidote for pyrosis. After several months a well-marked glycosuria appeared, and still continues, notwithstanding months of treatment. This patient appeared at the hospital for relief from *pruritus vulvæ*. Now, how many practitioners, under the circumstances, would have diagnosed or suspected diabetes?

Dr. Woods' treatment of chronic dysentery with injections of nitrate of silver, in a very obstinate case in the wards, proved only moderately successful. Bael fruit is now being used in this case.

In a case of hysterical dysphagia, the passing of a bougie, with the promise to use it again if required, had an excellent effect.

You may hear again, Mr. Editor, of our careful and accomplished Dr. Mackenzie. We can all be imitators, and successful ones, if we will.

Yours faithfully, T. W. M.

Reviews and Notices of Books.

A Practical Treatise on Surgical Diagnosis, designed as a Manual for Practitioners and Students.—By AMBROSE L. RANNEY, A.M., M.D., Adjunct Professor of Anatomy, and Lecturer on the surgical diseases of the Genito-Urinary organs and minor surgery in the medical department of the University of the City of New York, &c. Second edition, revised and enlarged. New York: William Wood & Co. Montreal: Dawson Brothers.

Dr. Ranney has produced a work which, although many others bearing a similar title are before the profession, possesses features of its own which render it original and commendable. The object has been to group together those disorders which, from possessing many features in common, are liable to be confounded to-

gether. Short descriptions of each are given, and then a tabulated statement is drawn up, thus showing in a few minutes the symptoms peculiar to the one and the other and wherein they differ. To this is generally added a note of the "symptoms in common," which enables the reader to see how it is that mistakes between them are likely to arise. This tabulated form of presenting points of differential diagnosis is extensively availed of, and is certainly one of the very best methods of showing, in a striking manner, the great points of contrast between affections having resemblance to each other. As far as we have been able to judge from a careful examination of several of the articles, we can say that, in the preparation of the work, every care seems to have been taken to render it as complete and as accurate as it is possible to be. A copious bibliography, which is added, also furnishes the means for any one wishing to investigate further any particular subject to learn where to seek it; and a good index, which is essential to a book of this kind, renders ready reference an easy matter. Eight parts or divisions are made, as follows: Diseases of Blood-vessels, Joints, Bone; Dislocations; Fractures; Diseases of the Male Genitals, of the Abdominal Cavity, and lastly, of Tissues.

In conclusion, we cordially recommend this book to the notice of surgical students and general practitioners. The typographical part is also excellent, which is always an extra attraction.

How persons threatened or afflicted with Bright's Disease ought to live.—By JOSEPH F. EDWARDS, M.D. Philadelphia: Presley Blakiston.

This is a little book of 87 pages, written expressly in plain and non-technical language, so that it might be put into the hands of intelligent lay people, as well as professional men. Its object is a very good, and it is quite possible that it may be the means of accomplishing more than many pretentious tomes. It is always in the right direction when our attempts are directed towards *preventive* medicine, and what is here aimed at is to point how, by suitable management, a formidable disease may be averted when threatening, or, at any rate, its evil effects

postponed when actually in existence. Bright's disease is notoriously common—probably getting more so ; it is very fatal, and it is very insidious. It is, at the same time, quite admitted that few diseases are liable to be so aggravated by neglect of hygienic regulations, or are so benefited by careful attention to the fundamental rules of health. After discussing the general subject of the nature of the disease, and derangements of the renal organs generally, the writer goes on to give a series of directions as to the mode of life most suitable for persons either predisposed to, or who have actually developed, Bright's disease. These rules refer first to *moral medicine*, where is shown the good effect of a quiet mind, settled convictions, and an absence of that care and worry which is the source of so many evils at the present day. Then personal hygiene, clothing, &c., receives attention. With reference to stimulants, no quarter is given. "Alcoholic liquors should be absolutely discarded in this disease ; their use cannot be beneficial, and in the majority of cases will be absolutely injurious." Again, "a single puff of tobacco smoke means excess to a person whose kidneys are diseased." If that is true, the same must certainly be said of persons whose kidneys are *not* diseased. The subject of diet is, of course, carefully considered with reference to the chemico-physiology of digestion ; hints are given with reference to regulation of the bowels, and care otherwise of the general health. It will repay perusal, and may, in suitable cases, be recommended to patients for their own guidance.

A Treatise on Diphtheria.—By A. JACOBI, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York; Physician to Bellevue, Mount Sinai and the German Hospitals, &c. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin.

This is the latest exposition of the views of perhaps the most experienced of American physicians on this important disease. The general opinions held by Prof. Jacobi on diphtheria are pretty well known through his writings in the medical periodicals for many years past. His entire experience is, however,

here elaborated and brought down to a recent date. One of the points to which we naturally turn is the matter of the etiology of the disease. Are the bacteria found in the membranes the exciting cause? Jacobi is one of the strongest opponents of this idea. He says: "I cannot look upon the bacteria epidemic in the medical journals, particularly of Germany, with the hasty conclusions and gratuitous assumptions of scores of experimenters and writers, as anything but a calamity, which, I trust, is but temporary. The safest verdict of the sober critic is still 'not proven.'" The author quotes, with his fullest endorsation, the following statement made by Drs. H. C. Wood and Henry F. Formad, as deduced from a series of experiments quite recently conducted by them with reference to the effects of inoculating diphtheritic exudation upon animals: "A general view of the anatomical and clinical facts seems to indicate that the contagious material of diphtheria is really of the nature of a septic poison, which is also very irritant to the mucous membrane, so that when brought into contact with the mucous membrane of the mouth and nose it produces an intense inflammation, without absorption by a local action." And again: "At present it seems altogether improbable that bacteria have any direct function in diphtheria, *i.e.*, that they enter the system as bacteria and develop as such in the system, and cause the symptoms. It is, however, possible that they may act upon the exudations of the trachea as the yeast plant acts upon sugar, and cause the production of a septic poison which differs from that of ordinary putrefaction, and bears such relation to the system as to, when absorbed, cause the systemic symptoms of diphtheria." The whole argument is presented in a clear and philosophical manner, and shows what a strong case can be made against Oertel and those who adopt his parasitic theory. The section of the work devoted to therapeutics is particularly full, as it is specially intended for the use of practical physicians. The chlorate of potash is recommended as a prophylactic. It is believed to be specially useful for the conditions of stomatitis and pharyngitis, which are so frequently met with when diphtheria is prevalent, and which, very likely,

predispose towards the reception of the poison; also, during the disease, to meet the same local conditions which are usually then present, but it is not thought to have any power over the disease itself. In accordance with the pathology as expressed in the above extracts, it is laid down as the fundamental principal that "local disinfection" must constitute our main reliance. This subject is very fully entered into. The writer does not think highly of the use of steam except in selected cases of pure laryngeal disease. Lime-water spray is thought to be unreliable, owing to the small quantity of lime introduced and its immediate conversion into carbonate. The author's experience and opinion is given upon treatment by turpentine inhalations, by ammonium chloride, by chloride of iron, by carbolic acid, salicylic acid, quinine, bromine, boric acid, sodium benzoate, &c., and a short resumé is given of a great many other lines of treatment by various means and different drugs of late years.

This must doubtless be looked upon as the standard American monograph upon diphtheria, and is of such value that it should be in the hands of every practitioner.

Medical Heresies, historically considered, a series of critical essays on the origin and evolution of Sectarian Medicine, embracing a special sketch and review of Homœopathy, past and present. By GONZALVO C. SMYTHE, A.M., M.D., Professor of the Practice of Medicine, Central College of Physicians and Surgeons, Indianapolis, &c. Philadelphia: Presley Blakiston.

The first chapters of this little book consist of essays tracing the rise of the Art of Medicine in the early ages—the peculiar tenets of the various schools which arose at different times being critically enquired into and discussed. The last five chapters are devoted to demolishing the now crumbling structure still remaining to the devoted followers of Hahneman. This part of the work is evidently performed *con amore*, and any one wishing to possess himself of a complete stock of arguments against the prevailing heresy of the present day cannot do better than

read this "special sketch" of homœopathy. The writer has no difficulty in showing conclusively the plainly dishonest way in which the self-styled homœopathists now discard all the principles originally laid down by the founder as absolutely essential, and, whilst practising in an entirely different manner, yet retain the name in order to gain favor with a certain class of the community who still insist they have faith in a globule of the millionth dilution. The book is very readable, and contains a good deal of curious information concerning a number of shady proceedings of the homœopathic fraternity in connection with several public institutions in the United States.

Cutaneous and Venereal Memoranda.—By HENRY G. PIFFARD, A.M., M.D., Prof. of Dermatology University of the City of New York; and GEO. HENRY FOX, A.M., M.D., Surgeon to the New York Dispensary, Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York. Second edition.

Ophthalmic and Otic Memoranda.—By D. B. ST. JOHN ROOSA, M.D., Prof. of Ophthalmology in the University of the City of New York, &c., and EDWARD T. ELY, M.D., Assistant to the Chair of Ophthalmology, &c. Revised edition. New York: Wm. Wood & Co. Montreal: Dawson Bros.

The above are two handy little books of pocket size for ready reference. They are both written by authors well known in their special departments, and contain all the essentials of diagnosis and treatment compressed into very small space. For a student at out-door cliniques, for example, they will prove very useful; for, having such a *vade mecum* at hand, he could at once refer, in any case with which he was not familiar, to the description given, and compare with the case actually observed. Things learnt in this way are not easily forgotten. To general practitioners, also, who do not possess more extended text-books on these specialties, they are also to be recommended as reliable guides to refer to when expedition is an object.

The Popular Science Monthly for January is again to hand, and contains, amongst other interesting articles, Part III. of

the Development of Political Institutions, by Herbert Spencer; The Sabbath, by Tyndall; Diet, by F. L. Oswald, M.D.; Steam and Hot Air Engines, by Lungrew; The Advantages of Ignorance, by Prof. Clarke; Æsthetic Evolution in Man; A Japanese Typhoon; Artificial Hypnotism; Indigestion as a Cause of Nervous Depression; Oil Plants of French Guiana; Lubbock on Insect Conservatism; The Distinction between Real and Apparent Death, with the usual Notes, Literary Notices and Popular Miscellany.

Books and Pamphlets Received.

The Retrospect of Medicine. Edited by W. Braithwaite, M.D., and James Braithwaite, M.D., Lond. Vol. lxxxii. July-December, 1880.

Photographic Illustrations of Cutaneous Syphilis. By George Henry Fox, A.M., M.D. New York: E. B. Treat. Nos. 6, 7 and 8.

Lectures on the Surgical Disorders of the Urinary Organs, delivered at the Liverpool Royal Infirmary. By Reginald Harrison, F.R.C.S. Second edition. London: J. & A. Churchill.

Hand-Book of Urinary Analysis; Chemical and Microscopical. For the use of Physicians, Medical Students and Clinical Assistants. By Frank M. Deems, M.D. New York: Industrial Publication Co.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting of the Society was held November 26th, 1880. The President in the chair.

Dr. Bessey exhibited the patient upon whom he had practised vaccination for the cure of general psoriasis, the disease being decidedly improved. The vaccination was performed on both arms and legs.

Dr. Gardner read a paper on chronic cystitis in the female, treated by rapid dilatation of the urethra. (*See Original Communications.*) Mrs. B., aged 24, married three years, mother of one child, suffered from very frequent and painful micturition, the urine containing blood and pus; the symptoms of disturbance of the bladder coming on three months after her confinement. The patient was much benefited by the treatment by rapid dilatation.

Dr. Trenholme said the question of rapid dilatation of the urethra was prominently brought before the profession by Simon. He had used it in vesico-vaginal fistula, after the operation, instead of the catheter, with good results, and deemed it an excellent plan. He had also used in one case, where alkalies and buchu had failed, $\frac{1}{8}$ of a drop of tincture of cantharides four times daily, with perfect recovery.

Dr. John Reddy said he had had two cases of calculi with cystitis, in which he had used small flexible bougies, and dilated for some time. The disease was eventually cured. Potash, buchu and hyoscyamus were also used, with a little cantharides.

Dr. F. W. Campbell had had a case of cancer of the bladder in which the finger was passed into the bladder, without any incontinence following this operation.

Dr. Blackader had a case of irritable bladder in a girl aged 19, who was passing urine loaded with phosphates and blood, and as it resisted all medicinal treatment, Dr. Roddick advised rapid dilatation, and the result for a short time was beneficial. There was no incontinence for more than a few hours. Since then the case had become worse again. At present she is obliged to rise frequently at night, and is passing pus and blood, and the pain is very great. From being well nourished she has become very anæmic and thin.

Dr. Roddick said he had had several cases in the Montreal General Hospital in which he had used dilatation. He had used Molesworth's uterine dilator, and believes it causes less irritation, as the pressure is by water. He had never seen any bad results in his own cases. He had diagnosed villous growths in one case. After dilatation, passed his finger in, and found a growth the size of the first phalanx of the index finger. He squeezed this off with the finger. A perfect cure followed.

Dr. Geo. Ross said this operation was useful from a curative point of view, but should we use it prior to using other plans of treatment? Medicated injections prove satisfactory in many cases, and these means should be employed before resorting to dilatation.

Dr. Hingston said he had performed the operation several

times with a uterine dilator. Many of these cases he thinks to be fissure of the urethra, near the neck of the bladder. In passing the finger, the pain is slight at the meatus, but decided at the neck of the bladder. With regard to medicinal treatment, belladonna or atropine in small doses was a very successful remedy.

Dr. Cameron mentioned a case of diphtheritic endometritis occurring in a primipara on the fifth day. On the fourth day the pulse and temperature were normal; at 10 that evening was quite comfortable; at 10:30 had a slight creeping sensation at the knees; hot bottles applied to her feet; at 6 expressed herself as comfortable, and felt sleepy. The nurse noticed an unnatural look about the face, and at 7 Dr. C. was sent for, and found a temperature of 110⅘°F. and pulseless. Dr. McCallum, who saw the case after death, was unable to give an idea of the cause of death, and it was at a *post-mortem* examination this diphtheritic exudation was seen. Patient had had no pain or chilliness. Dr. Roddick having asked Dr. Cameron whether he had any cases of diphtheria under treatment, the latter said no, not for six weeks; and no vaginal examination was made after birth of child. The closet opened directly into the bedroom. Dr. Roddick asked these questions as he believed the nurse is often to blame. In July last he was attending a bad case of erysipelas, which extended from the foot and went over the entire body. Had nurse for a fortnight. One day on visiting patient, nurse had disappeared, and found she had gone to attend an accouchement. Dr. F. W. Campbell said it was one of his patients she had attended, and she had had all the symptoms of puerperal fever. Dr. Trenholme said that those nurses that are trained in the hospital are not as good as an old woman. Dr. F. W. Campbell said it was a question in his mind whether this was a diphtheritic membrane.

Dr. Ross said he regarded the case as one of profound septic poisoning. He had had two cases of diphtheria of the external parts, and in neither case could he trace it to any cause. One of these patients died of acute ascending myelitis three months after.

Dr. Hingston said three days ago he had had a patient of 18 years of age suffering from stone in the bladder. He operated after Bigelow's method, the operation lasting forty minutes. He introduced a No. 27 catheter (French measure.) In another patient, aged 9 years, he had introduced a No. 7 sound, and decided to operate to-day. The introduction of the sound did not take half a minute, but last evening he died, 27 hours after the introduction of the instrument. It is a fact that the urethra is at times in such a condition of irritability that it is more susceptible to injury than at others.

The meeting then adjourned.

A regular meeting of the Society was held December 10th, 1880. The President in the chair.

Dr. Osler showed a specimen from a case of cerebral apoplexy occurring in an old woman, in which is seen a distinct aneurismal dilatation. He also showed a heart exhibiting extreme fatty degeneration from anæmia; the patient died from pleurisy.

Dr. Osler presented, from Dr. Robt. Howard of St. Johns, P.Q., a specimen of enlarged spleen, accompanied with the following notes:— L. B., aged 16 months, was first seen July 25th, 1879. There was extreme pallor of the skin, the limbs were greatly emaciated, and the abdomen unusually prominent. The outline of the spleen was distinctly felt, extending from the umbilicus to the spine, and from the ribs to the crest of the ilium. The child had suffered from boils on the head a few months before, this being the only sickness. It has now frequent attacks of diarrhœa and vomiting, also hæmorrhages from the nose and ear. There is no febrile disturbance. Patient died Dec. 8th, 1880.

Dr. Molson then read a paper on a case of rheumatic purpura. (*See page* 333.)

Dr. Osler said he never saw such a condition of face in any individual. He had seen some purpura in cases of small-pox, but they were nothing to the appearance of the present case.

Dr. R. P. Howard said he had distinct recollection of two cases. Several years ago he saw a case of rheumatism and purpura present, confined to the integument. Rashly, one or

two leeches were applied, and the patient nearly lost her life. He had also had an earlier case, occurring in a grocer in 1864. While in his usual health his knee and both ankles became swollen and painful, with mild febrile reaction; there was also redness. These rheumatic symptoms subsided, but not so the hæmorrhagic condition. Hæmatemesis and melæna set in, and patient was dying, when transfusion was performed, but he died five or six hours after. Dr. Howard said when summoned to a case of purpura, suspect either black small-pox, cerebro-spinal fever, or puerperal fever; it is sometimes, though rarely, also seen in scarlet fever. He thinks the morbid poisons in the system the cause of this condition of purpura—possibly some alteration in the crasis of the blood itself, due to this morbid poison. Parkes, in two cases, found iron in the blood. Some chemical alteration takes place in the blood causing this purpura hæmorrhagica.

Dr. Roddick had a case three years ago, which he considered to be purpura, complicating rheumatism. The rash appeared on the legs on the fourth day, then on the body and the arms. On the second visit after the appearance, a second crop was seen, the patient being anæmic.

Dr. Rodger mentioned a case of membranous croup in which Dr. Roddick had performed tracheotomy, and the patient recovered. On the eighth day the tube was removed, and no difficulties followed.

Dr. Hingston said he was present lately in a case of membranous croup with Dr. Wilkins. The child was apparently dying, and after the first incision the child seemed dead; he went on with the operation, artificial respiration was performed, and breathing restored. Dr. Roddick said, of all the cases in which he had operated, this one appeared the least favorable. He thought many cases die from anæsthetic poisoning.

The meeting then adjourned.

A regular meeting of the Society was held January 7th, 1881. The President in the chair.

Dr. Osler exhibited—1st, a specimen of intussusception of the

bowel, taken from a lad aged 14 who had died in Dundas, Ont. About 5 feet of the smaller bowel had become invaginated, the lower part gangrenous. Copious hæmorrhage had preceded death, which had followed in four days. The matter of special interest in this case was the presence of a peculiar sub-mucous fatty tumor, which he thought to be the cause of this condition of the bowel. The 2nd specimen showed rare sequelæ of typhoid fever; patient died in the middle of the 6th week. The ulcers in the ilium are in a state of cicatrization, some completely so, but the large ones are still left the size of 5 cent pieces. The large intestine is like one in a condition of chronic colitis; also, the femoral vein was large, soft, fluctuating, and when cut into showed gummous-looking matter.

Dr. Edwards then read a paper sent to the Society by Dr. G. C. Duncan, of London, England. (*See Original Communications.*) This paper gave some facts of interest which had occurred in his practice, the cases reported relating specially to the treatment of stricture, showing the advantage of combining dilatation with constitutional treatment.

Dr. F. W. Campbell proposed, seconded by Dr. Bell, that the thanks of the Society be sent to Dr. Duncan, and that the Society will be pleased to hear from him at his convenience.

Dr. F. W. Campbell drew the attention of the Society to several cases of follicular ulceration of the throat, of a severe kind, occurring in his practice, bordering very closely on diphtheria.

A discussion followed, in which Drs. Kennedy, Bessey, Bell and others took part.

Dr. Roddick then read a paper on "Varicose Veins," with special reference to treatment of excision of a portion of the vein, this operation being rendered safe under the Listerian spray.

Dr. F. W. Campbell related the facts of a case in which he took unusual interest. The varicose vein was situated between the second and third finger of the right hand, caused by a tremendous squeeze of a vigorous friend. Prof. Lister operated, exposing the enlarged vein, applying a carbolized ligature at either end, and then, with curved scissors, cutting out the enlarged part.

Dr. Trenholme said he had had good success by the Vienna paste, and perfect occlusion and radical cure. Apply a bit of about 10 grains, and with it a little water, and it makes an eschar. He used Pond's Extract Hamamelis externally and internally during pregnancy.

Dr. Hy. Howard thought this paper of unusual interest, as the ligature of a vein in previous years was feared to be followed by phlebitis. Now antiseptically treated it seems the danger is not present.

Dr. Roddick said Vienna paste is very apt to be followed by erysipelas. He saw one case in which Potassa Fusa was used by Dr. Fraser in the Montreal General Hospital, and death followed from erysipelas. The application of three needles caused inflammation of the internal coat, and was followed by death. Surgeons have shirked operations on veins, but he was confident that Listerism opens a safe way for this operation.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Bathing.—The remarks made concerning the too frequent changing of the under-garments by delicate patients, will apply with equal force to too frequent bathing of the body, by the same class of individuals. Ablution should not be performed oftener than the surface of the body requires cleansing, which, in all probability, will not be oftener than once in one or two weeks in warm weather, and once in four or eight weeks in cold weather, or it may not be required at all during cold weather. As patients regain strength and flesh, they will observe that the oil on the skin will increase in quantity, and that with this increase extraneous matter will accumulate on the surface faster than when they were in a weaker condition, consequently they will require to be washed more frequently; nevertheless, the bathing should be postponed as long as consistent with cleanliness, until full and healthful vigor is enjoyed.

The temperature of the bath and the air in the air bath-room

should be such as is pleasant to the bather. It is not uncommon to hear the opinion expressed that general bathing in cold water acts as a preventive of cold. This is far from being true, even in a majority of instances. Those who are the most ardent advocates of this plan of preventing colds are usually individuals who are themselves in full vigor of health, and who are possessed of a strong constitution. In the case of a fat, healthy individual, cool water bathing may not take off too much oil from the body, as there is a superabundance of this non-conductor of heat secreted by his skin. It is principally on account of this superabundance that he requires frequent washings. At each of these bathings his body will react quickly and perfectly, but as respects those that are thin in flesh and in a weakly condition, the case is quite different. They do not possess the strength necessary to overcome the sedative effects of a bath at a low temperature, nor can they lose the oil from the surface of the body without injury.

The Turkish and Russian baths are beneficial to patients in full flesh, but patients who are in delicate health *should not* take either of these baths; they are too debilitating, and rob the skin of oil, thus rendering them more susceptible to the bad effects of sudden changes in temperature. The frequency with which either of these baths may be repeated will depend much upon the vigor of the patient; one, or at most two baths a week will be all that a catarrhal patient should take, even if he is in vigorous health. After eight or ten baths are taken, then one every ten or fourteen days will be sufficiently frequent. Great care should be taken to allow the body to cool off before leaving the cooling-room. I have known of several instances in which a single Turkish bath paved the way for a cold so severe that it threatened the life of the bather, on account of the stay in the cooling-room being of short duration. The concurrent opinion of a large majority of my patients who have frequented these baths is that the bather who is liable to take cold easily should not venture out-doors before he has remained full one and a half hours in the cooling-room.

Since the fall of 1876, I have recommended those of my

patients who I thought were liable to take cold after these hot baths to apply, just before dressing themselves, a small quantity of vaseline to the surface of the whole body. Most of them liked the effect of it; a few, who weighed in the neighborhood of 200 lbs., did not notice any good effect from its application, while those of them who were rather sparely built were sure that it had the effect of preventing them from taking cold, and that it seemed to prolong the pleasant and beneficial effects of the hot bath.—*Dr. Rumbold's Hygiene of Catarrh.*

Abscess of Spleen Extending to and Involving the Liver.—By W. F. MURRAY, M.B., Officiating Civil Surgeon, Burdman.—Ghanoo, a Hindoo aged about 42 years, was admitted into the Burdwan Government Dispensary on 25th May, suffering from an abscess in the epigastric region slightly to the left side. The opening to the abscess was large, sloughing and unhealthy looking.

Previous history.—It was stated by the patient that about two months previously he had suffered from fever of a remittent character and from a pain on the left side of the abdomen, which was increased by pressure or motion of the part; that this was followed by a swelling which was operated on by a native practitioner, giving exit to a large quantity of purulent matter, about a month before admission.

Symptons on admission.—A large œdematous swelling occupying the left hypochondrium and a portion of the epigastric region; its diameter about 5 inches. About its centre was an opening directed backwards and to the left side for more than 6 inches, an ordinary probe not reaching the opposite wall of the abscess. The left hypochondrium and the left half of the epigastric region was dull on percussion. The discharge from the abscess was thin but copious and offensive, having a slightly reddish-brown tinge.

Constitutional symptoms.—The patient had a very weak and emaciated appearance; ribs prominent; eyes sunken and countenance anxious, pulse weak and frequent, varying from 90 to 114; temperature low, varying from 95° to 95.7°. Hectic fever: passing frequent stools. His condition became

a moribund condition, an intravenous injection of goat's milk, rendered alkaline by ammonia carb., was made into the median cephalic vein. The operation was followed by marked effects. There was a cessation of the diarrhœa, great improvement of the pulse, and a rise of temperature from 95 4° to 100°. This improvement though striking was but temporary, lasting for about 48 hours. He again fell into a state of collapse attended with low pulse and cold perspiration followed by diarrhœa and death on the 3rd June.

Treatment.—Locally charcoal poultices, cavity of abscess syringed with dilute solution of carbolic acid, also tinct. ferri perchloridi in solution; internally quinine, stimulants, tonics, Dover's powder and gallic acid to check diarrhœa, and finally intravenous injection.

Post-mortem appearances.—On opening the abdomen the abscess was found to be one mass of slough and purulent matter. There was literary no spleen. What had originally formed the membranous investments of the spleen, constituted part of the parietes of the abscess, which had extended into and destroyed a portion of the left lobe of the liver about the size of a large orange. The parts about the abscess were considerably thickened and disorganized.—*Indian Medical Gazette.*

Treatment of Nervous Palpitation of THE HEART BY THE "CONGESTIVE ATTITUDE."—Dr. Bauchut states that by the assumption of what he terms the "congestive attitude," nervous palpitation, not dependent on organic disease of the heart, may be instantly arrested. His directions are these: The patient stands erect, fixes his lower limbs and stoops over rapidly in such a way as to touch his toes with the tips of his fingers. The head then falls forward, and its vessels are at once rendered turgid. If the hand be now placed on the cardiac region it will be found that the palpitation has ceased, the disordered impulse being replaced by a regular and rhythmical action. It is obvious that this treatment is not applicable in the aged or those who indulge in alcohol, or in short, those in whom the integrity of the arterial or nervous system is doubtful.—*International Journal of Medicine and Surgery.*

A New Physical Sign of Thoracic ANEURISM.—At a recent meeting of the Northumberland and Durham Medical Society, Dr. Drummond, of Newcastle, demonstrated a new physical sign, which is likely to be of great diagnostic importance in thoracic aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long breath (inspire deeply), then close the mouth and expire slowly through the nose, short puffing expiratory sounds are heard—synchronous with the systole of the heart —on auscultation of the trachea. Dr. Drummond believes this phenomenon to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism, but has not yet thoroughly worked out the significance of the sign.—*Medical Press and Circular.*

Singing as a Cause of Uterine Disease. —Dr. Clifton E. Wing publishes in the *Boston Medical and Surgical Journal* some very interesting cases relating to this subject. He had several lady-patients, who came to him for uterine trouble, and all voluntarily asserted their belief that the complaints were due to the "abdominal method" of singing which they had been trying to learn. This consists in the cultivation of diaphragmatic respiration at the expense of thoracic. It naturally causes great pressure to be put upon the abdominal organs. One Boston teacher boasts that by "proper practice" such power may be acquired that if the person be placed back against the wall, and a full-sized piano be moved up against the retracted abdomen, the latter, by the "abdominal method," can be so forcibly expanded that the piano will be pushed rapidly away. The new method adds greatly to the power of the voice. Dr. Wing found in the cases examined that it had caused a retroflexion or retroversion, with various coincident ills. He believes that in the "abdominal method" as now practised we have a fruitful source of uterine displacement.

CANADA

Medical and Surgical Journal.

MONTREAL, FEBRUARY, 1881.

DOES TYPHOID ARISE SPONTANEOUSLY ?

We give considerable space this month to the publication of the very careful report of the Commission which investigated the sanitary state of the Lennoxville school and college buildings with reference to the recent outbreaks of typhoid fever. The recommendations made, which certainly seem calculated to meet the case, will, we trust, prove the means of having this important institution put on a footing again to command the confidence of the public. Whilst the various procedures connected with remedying the sanitary defects discovered are being carried out, the authorities have very wisely moved the school to Magog, so that no actual interruption to the study of the scholars has been involved by the unfortunate visitations of sickness.

We have been shown a printed sheet which was circulated some weeks ago amongst the parents of the pupils, explanatory of the then position of affairs. Part of this consists of a preliminary report by the medical commission (that now published having not yet been completed.) This report contains a statement so important, relative to the causation of the disease under consideration that we do not think it should pass without some remark. It is as follows :—" It must be laid down as a fundamental principle in the investigation of outbreaks of typhoid fever that defects in situation, drainage or ventilation cannot of themselves originate the disease, but may furnish conditions suitable for the propagation and spread of the poison when once introduced." It will be specially observed that this is not given

as the opinion of the gentlemen making the investigation, but it is stated as a *fundamental principle* relative to the origin and spread of the disease. Of course, if this means anything, it means that that view has been so satisfactorily proven as to be universally accepted by scientific medical observers. Now, we are prepared to contend that, instead of this being one of the even *generally admitted* facts concerning this disease, the question of the spontaneous origin of typhoid is still one on which the profession are much divided. In spite of all that has been written on the subject, the supporters of neither one view nor the other have been able to force the consent of their adversaries. If, therefore, under certain (not well understood) conditions, the poison of typhoid *may* be generated *de novo*, from putrefying excreta, then certainly defective drainage *may* be the direct exciting cause of the appearance of the disease. If it be true that pre-existing typhoid germ (or poison) is absolutely essential for the development of a single case of this specific disease, then by all means let it be known. Science demands only the truth. But as long as this is very far from being proved—in fact, probably the very opposite being the truth—then calling it a fundamental principle is not only an error, but an error which may do harm. Nothing certainly tends more to command the greatest care and thoroughness in sanitary matters than the conviction that the neglect of these is capable of increasing or possibly developing this formidable complaint. Nothing so much to self-satisfied contentment with very indifferent arrangements, than the idea that, so long as you keep the actual germs out of your drains, no typhoid can possibly spring therefrom.

It may not be amiss when we are upon this subject and to support the position we have taken above, to quote the following words from some of the standard authors, making no selections to uphold one theory alone, but giving the views of supporters of both sides of the question. We only wish to show that the point is an undecided one.

Dr. Murchison, in his classical treatise on the continued fevers, says:—" Typhoid fever may be generated independently of a previous case by fermentation of fœcal and per-

haps other forms of organic matter;" and quotes Hudson as follows: "Upon no subject in practical medicine is there a larger or more constantly increasing mass of evidence than as to the power of fœcal miasm to generate typhoid fever, and to the fact that it does so."

Dr. Harley, in Reynold's *Cyclopœdia of Medicine*, says: "We must conclude that this disease has a spontaneous origin in putrescent matters—that these, when preserved from the purifying influences of air and water, generate a poison which, when admitted into the body, produces enteric fever."

Prof. Austin Flint, of New York, says:—"It is vastly probable, if not certain, that effluvia from excrement not containing typhoid dejections may cause the disease."

Prof. Pepper, of Philadelphia, in a clinical lecture published 15th January last, says:—"For my own part I do not believe that this transplanted excrementitious poison is the only one, but think that the poison may be generated *de novo* from *effete* animal and vegetable matters."

Liebermeister opposes the view of Murchison and the others, saying:—"The most convincing experiences show that typhoid fever never originates in any unusual amount of decomposing matter, nor from any circumstances favourable to decomposition, but is always preceded by the introduction of a case of the same disease."

Dr. Bristowe regards the "essential cause of enteric fever, not as a mere inorganic, or even organic, result of decomposition, but (like other contagia) as an organized living particle, which has special endowments and unlimited power of multiplication: not as the product of healthy bowels or of ordinary decomposing ordure, but as a specific virus, yielded by the bowels of patients suffering from enteric fever, and probably by them alone."

Dr. Roberts Bartholow takes the same view. He says: "Typhoid poison is never produced by mere decomposition of animal matter, fœces, or the contents of sewers: it is essential to the formation of the poison that the typhoid germ be present."

Thus we might multiply authorities indefinitely. It is plain

that the question is still *sub judice.* It would have been quite proper for the members of the Lennoxville Commission to state *their own opinion*, but we have felt constrained to differ from them when they lead the public to accept these opinions as confirmed by the general consent of the profession at large.

OFFICIAL ACCOUNT OF TYPHOID OUTBREAKS AT LENNOXVILLE.

The local Committee of Management of Bishop's College, Lennoxville, in publishing the following report of the Medical Commission, appointed to examine into the causes of the recent outbreak of typhoid fever, deem it right to give a short statement of the first and subsequent appearances of the disease and the steps taken by them in the emergency.

Early in the spring term of 1880 two boys from the United States were taken down with pneumonia, the disease having shown itself almost immediately after their arrival at school. These boys were attended by Dr. Austin, the medical officer of the school, and by a physician from the United States. They recovered after a protracted and dangerous illness. No other cases of illness occurred in either college or school during the whole of the first term of 1880.

In the month of May a bad smell was noticed by Dr. Lobley, the Principal of the College, in the College building—which was found to emanate from the drain of the night water closet —and was caused by an inflow of water from outside of the building. An examination disclosed the fact that this drain discharged into the ground some few feet from the main barrel drain or sewer. Repairs were instantly made and disinfectants in large quantity applied, and the whole work, which took only a very few days to complete, was finished by the 22nd May.

It should be here stated that the rebuilding of the college after the fire, when the night water closet was constructed, was under the supervision of a competent architect, Mr. Nelson, of Montreal, and that a clerk of works of good reputation, Mr. Richard Richards, was employed to oversee the work. Had Mr Richards done his duty this gross neglect on the part of the contractor could not have occurred. At the end of May one of the boys in the school was taken ill during a time of intensely hot weather. Dr. Austin reported the case as one of sunstroke, not severe. When the boy was recovering he was called into Montreal by his father, and the medical man there discovered symptoms of typhoid fever about the case. The Committee was, however, not informed of it, and even if they had been, it would presumably not have created any anxiety in their minds as it was deemed a very mild case. On the 21st June Mr. Cook, a student in the college, exhibited feverish symptoms and went home, but in his correspondence with Dr. Lobley he made no allusion to typhoid fever. On the 24th June the college and school broke up for the holidays, and with the exception of the cases mentioned all, both students and boys,

appeared to enjoy robust health. The usual games had gone on, and the severe mental strain of the examinations had passed off without any appearance of illness.

Somewhere about the 10th July news came of the illness of Mr. Gibb, a student of the college, suffering from typhoid fever, and soon afterwards his death was announced. Almost simultaneously news of the illness of several school boys and one or two of the students reached the college. Alarm was felt at once and the Committee was called together without delay. On the advice of Dr. Austin it was determined to reconstruct the whole drainage system, which on examination was found to be defective and the advice and active assistance of Mr. Walter Shanly, C. E., was sought for and freely given. At the request of the corporation of the college, which was called together in the emergency, Dr. Godfrey, of Montreal, who happened to be in the neighbourhood made an inspection of the drainage system and suggested some modifications, which were adopted. Dr. Godfrey was assisted in his investigation by Dr. Robertson, of Lennoxville, at the request of Principal Lobley. At the time of the reconstruction of the drains, the prevalent idea was that the trouble was due to the defective drain above mentioned, but the Committee found great difficulty in coming to any conclusion on the subject owing to a difference of opinion amongst medical men, some of whom declared that the disease might be dormant in the system during three or four weeks at a maximum, whilst others said that as many months might pass before it would be developed.

During the progress of the drainage work the Committee determined on the removal of the wood-sheds and latrines from the centre of the great college yard, where they had long been an eye-sore, and it was on this ground alone that they were removed. This involved the filling up of the cesspit, which was very thoroughly done, new earth and disinfectants being thrown into the space. About the same time the Chairman of Trustees urged that the well water should be sent to Montreal for analysis. This water was freely used by the whole institution.*

The following gives the result of the analysis by Dr. Baker Edwards :—

BEAVER HALL HILL, Montreal, Aug. 19, 1880.

ED. CHAPMAN, ESQ., M.A.,

Bishop's College University, Lennoxville.

SIR,—I hereby certify that I have analyzed the sample of water which you forwarded to me from the well supplying the college and school, and that I have very carefully examined the water, both chemically and

*In an article published in the January number of the *Canada Medical and Surgical Journal*, signed by Dr. Worthington, it is stated that he some years ago was one of a Commission, consisting of Dr. Johnston, of Sherbrooke, Dr. Robertson, of Lennoxville, and himself, to examine the sanitary condition of the then school, and that he at that time condemned this well. The report of this Commission contains no allusion whatever either to this well or to any water supply.

In this respect, as in many others, the doctor has drawn on his imagination.

microscopically for any deleterious matter, and find it *perfectly pure and wholesome and well adapted for drinking purposes.* The water contains *per Imperial gallon*:—8.4 grains of total solid matter; of which 7.7 grains are mineral; 0.7 grains are organic.

The mineral matter consists of carbonate of lime and magnesia, with a trace of iron and alumina and the usual saline chlorides of sodium and potassium.

The hardness of the water (as indicated by "Clarke's test") is 5°, which ranks the spring as a "*soft water.*"

The organic matter present is of a simple vegetable character, and free *albuminous, nitrogen and nitrates.*

On the whole you may be satisfied that your water supply is not only pure but excellent.

I have the honour to be,

Your obedient servant,

J. BAKER EDWARDS, D.C.L., F.C.S.

Professor Practical Chemistry and Public Analyst, &c.

This analysis satisfied the Committee, who, not being scientific chemists did not know then that strong doubts existed as to whether the origin of typhoid fever could be detected by analysis.* Under these circumstances, with a new drainage system supposed to be perfect, and with the water in use pronounced by a scientific analyst to be "not only pure but excellent", the college and school re-opened in September.

In October, owing to the unprecendented drought, this well, which had never been known to fail, although used for over twenty-five years, ran dry. The water, however, soon came in again on the setting in of the rains of autumn. In the beginning of November the pump at the well was frozen, and thenceforward the use of the water ceased.

During the whole of this time the health of the college and school seemed excellent, and the athletic games, principally foot-ball, were vigorously prosecuted. In the end of November several cases of typhoid fever made their appearance. The Committee were startled and again sought advice. The water was again sent in for analysis, and this time not the well water only but that used for culinary purposes obtained from a reservoir in the woods, as well as the water used by the cows at the farm houses whence the milk was obtained.

The following is the second analysis of Dr. Baker Edwards:

(COPY.)

MONTREAL, 12th December, 1880.

R. WHITE, ESQ.

DEAR SIR,—I have carefully examined the three samples of water from Lennoxville as minutely as the limited quantity permitted, and can safely

*After the completion of the work it came to the knowledge of the Principal that the results of Dr. Baker Edwards' analysis were called in question by Dr. Worthington, and that he had expressed an opinion that the well ought to be closed. But so much reliance did the Principal place upon the report of the Public Analyst that he took no action upon this.

say that none of these are polluted by sewage or contain organic germs likely to cause sickness. No. 1 is the least pure and contains much suspended matter, and I should not consider it fit for drinking purposes unless filtered. No. 2 is a good spring water, free from organic nitrogen and containing 8.40 grains of solid mineral matter to the Imperial gallon, this corresponds with the water I analyzed in August last, and it is in every respect an excellent drinking water. Sample No. 3 is less pure, but is a perfectly wholesome water, and sample No. 4, town supply, shows more organic matter than either of the other samples. If the sample No. 1 is in use I should like to examine a larger quantity, say one gallon, as from the presence of a rat's hair possibly the bottle was not clean, this water is also turbid with suspended clay.

No. 1. Sample taken from tank in stable at Lunden's farm. No. 2. Sample taken from well in court yard. No. 3. Sample taken from tank in school from spring brought in by gravitation. No. 4. Sample is the supply used in the city of Montreal from the Water Works.

I am, yours most truly,

(Signed,) J. BAKER EDWARDS, D.C.L.,
Public Analyst, Montreal.

Being completely puzzled at the cause of this second outbreak the Chairman of Trustees visited Montreal and called a meeting of gentlemen friendly to the college, amongst whom were the medical men who kindly accepted the duty of examining and reporting on the whole matter. The thanks of all who take an interest in Bishop's College and school are due to these gentlemen for their patient investigation of the case, and the Committee while regretting that this investigation has failed in discovering the origin of the outbreak have yet scrupulously followed the suggestions made from time to time by the Medical Commission, as well as the direction of the Sanitary and Drain Inspectors of Montreal, who also kindly lent their valuable assistance.

It is because these suggestions cannot be fully carried into effect until the summer that it has been found necessary to open the school temporarily at Magog, whilst the work of the college is going on as usual at the Village of Lennoxville in other buildings away from the college.

The annexed report of the Medical Commission is now published at the earliest possible date after its receipt. The delay in furnishing this report is attributable to the desire to leave no stone unturned in the investigation of this case.

In conclusion, the Committee of Management believe that the sympathies of all right-minded men will be with them in this trying emergency. The trust which they have undertaken—that of carrying on a College and School—at great personal sacrifice of time and money, with the sole desire of doing their duty to the country in which they live, and to the Church of which they are members, has been an arduous one, albeit a "labour of love," and they cannot but express their deep regret that the editors of a

Scientific Journal should have been led to form one-sided conclusions, when they, at the same time, acknowledge that they have had only an *ex parte* statement before them.

J. A. LOBLEY, D.C.L., Principal,
A. C. SCARTH, M.A., Prof. Educ'l History,
R. W. HENEKER, D.C.L., Chairman of Trustees,
ED. CHAPMAN, M.A., Bursar,
HENRY ROE, M.A., Professor of Divinity,

Members of the Committee of Management.

N.B.—The name of the Rector of the School is omitted on account of his necessary attendance at Magog.

To the Chancellor and Corporation of the University of Bishop's College, Lennoxville.

GENTLEMEN,—We, the undersigned, having been appointed a commission to inquire into the origin and spread of an outbreak of typhoid fever which occurred during the summer and autumn of 1880 at Bishop's College and Grammar School in Lennoxville, beg to submit the following report:—

We personally inspected the Institution on the 19th and 20th December last; and at our request, the College authorities invited Mr. Radford, the Health Inspector, and Mr. Lowe, the Drain Inspector, of the City of Montreal, to carefully examine the drainage and ventilation of the premises. These gentlemen have kindly complied with the request, and have submitted to us an elaborate statement of their investigations, together with a number of valuable suggestions, which we have embodied in this report.

For the sake of brevity and convenience, the subject will be considered in sections, as follows:

Situation.—The School and College buildings stand upon an eminence at the junction of the Massawippi and St. Francis rivers, near the village of Lennoxville. The soil is generally light and gravelly, the situation open and airy, and admirably adapted for a large public institution.

Medical history of the Institution in reference to Typhoid Fever.—We are informed that ten or twelve years ago a boy contracted typhoid while at school, but no other cases occurred; from that time to the re-opening of the College and School after the Christmas vacation in January, 1880, we do not find anything in this connection calling for special comment, beyond the fact that in the summer vacation of 1875 one of the boys died of typhoid fever in Lennoxville, but the disease was evidently contracted after leaving school, in the house where he was visiting. In February, 1880, shortly after the re-opening of the school, two cases of illness of a somewhat suspicious character occurred, in both instances the boys were ailing when they returned to school, and one of them continued ill for about two months; unfortunately, we have been unable to come to a positive conclusion with reference to the precise nature of these cases. On the 18th of May a drain in the quadrangle was opened for repairs; one of the boys

descended into it, and shortly afterwards he developed typhoid fever at his home in Montreal. In July, after the School and College had closed, reports began to come in of other cases. Altogether, we have been able to trace twelve cases in this epidemic—five from the College and seven from the School. During the months of August and September, the sanitary condition of the Institution was investigated, and found to be very unsatisfactory. A new system of drainage was substituted, new latrines built, and many improvements made under the direction of a competent engineer. The reasonable hope was entertained that no further trouble would occur. On September 22nd the School re-assembled. During October and the early part of November the health of the pupils was excellent, but towards the end of the month six boys and one resident student were taken ill with the fever. About the middle of December, a servant boy employed about the kitchen and dining-room was also attacked. Two other cases that developed the fever at their own homes have been reported, making in all 10 cases during the second epidemic. There was nothing in the distribution of the cases through the College and School which could favor the idea that the disease originated in any special quarter of the Institution.

Internal Economy and Commissariat.—The boys and students take their meals together in the dining-hall; in other respects the institutions are separate and distinct.

Milk Supply.—We visited and inspected the dairy farm, and while we found no reason to ascribe the outbreaks of typhoid to any contamination of the milk, we would draw attention to the dangerous proximity of the well, privy and stable, and to the faulty position of the tank, which is at present below the level of the stable floor. These conditions, in the event of any cases of typhoid occurring at the farm-house, would prove a ready means of spreading the disease.

Water Supply.—The water supply of the Institution is derived from (1) a well in the quadrangle, 19 feet in depth, and, at the time of our visit, containing 2ft. 4in. of water. On account of its supposed purity, this water was used almost exclusively for drinking purposes. During the exceptional drought of last season this well ran dry, and was not available for general use until some time after the opening of the School. The well is situated at the lower part of the quadrangle, at a distance of 90 feet from the old latrines, the soil between being of a light gravelly nature, and the dip being towards the well. (2) A spring in the Beaver Meadow, the water of which, after passing along in an open stream for some distance, is collected in a tank and conveyed thence through perforated logs to a large reservoir in the School building, whence it is distributed to the various parts of the establishment.

Analysis of Water.—The analysis of water was made by Professor Croft of Toronto; the following is a copy of his report:—

Report on Three Waters from Lennoxville.

No. 1, water from cistern in school. | No. 2, water from well in quadrangle.
No. 3, water from Duffield's well.

It did not seem requisite or desirable to make an accurate quantitative

analysis of each specimen, as the mineral constituents, unless present in abnormal quantities, could have little or no effect on their medicinal properties, and no chemical test can recognize typhoid germs. It appeared desirable to test the waters qualitatively as to their constitution, as to presence of ammonia or ammoniacal salts, chlorides, and organic matters, also for magnesia. By an accident from frost and other causes, the first analyses of No. 1 were untrustworthy, and had to be repeated.

Ammonia.—Each test was repeated two or three times so as to avoid error, and in cases of distillation, a quantity of pure water was first distilled to wash out all ammonia from the vessels, and in neither of the waters could ammonia be detected directly—*i.e.*, in the water as taken from the bottles. In first products of distillation—No. 1, faintest trace; No. 2, decided trace; No. 3, less decided trace. In no case very large; most so in No. 2.

Chlorine.—Probably as chloride of sodium—No. 1, scarcely perceptible trace; No. 2, decided, so much so as to induce rough determination, about 12 grains per gallon of chloride of sodium; No. 3, decided, but less than in No. 2.

Sodium.—Probably as chloride—No. 1, faint trace; No. 2, very decided; No. 3, decided.

Sulphuric Acid.—As probably sulphate of lime was present—No. 1, very faint trace; No. 2, decided, but not large; No. 3, about the same as No. 2.

Lime.— As for above.

Magnesia.—No. 1, scarcely perceptible; Nos. 2 and 3, rather more, about equal.

All waters gave a very slight precipitate on boiling, consisting of carbonates of lime and magnesia, with an infinitesimal trace of iron.

	5,000 grs.	70,000 grs. 1 gallon
Solid contents.—No. 1, first experiment,	.... 6.1	.... 85.4
No. 2, "	.... 6.2	.... 86.8
No. 3, "	.... 6.6	.... 92.4

These experiments were repeated, and the numbers assigned represent the mean of several experiments. They (the residues) all became blackened very much on heating, Nos. 2 and 3 especially, shewing presence of much organic matter. I have not been able to ascertain the exact quantities, but may say that 2 and 3 are very objectionable, from the presence of organic matter.

I have a letter from Dr. Baker Edwards, who analysed one of these waters and found only 8.4 grains in a gallon of 70,000 grains. That cannot have been one of the waters submitted to me, unless, in the hurry of writing, Dr. E. has placed the decimal point wrongly. The 8.4 corresponds closely with my 85.4. Can there be a mistake here?

I think the waters are all bad, as containing too much organic matter. I have had several cases of similar waters to examine in Yorkville and Toronto, in or from houses where sickness prevailed—in one case bad typhoid. They all exhibited the same properties—chlorides in excess,

magnesia, traces of ammonia, and organic matter. In one exceptional case I denounced the well water. There has been no illness to speak of in the school since the change.

Your obedient servant, HENRY H. CROFT.

P.S.—I have other confirmatory experiments going on, but send this as report on results obtained up to this time. The numbers obtained by analyses made in a hurry may not be absolutely correct; moreover, an error in 5,000 grains has to be multiplied or divided by 14 for 70,000.

H. H. C.

Suggestions with regard to the water supply:—

1.—That the well in the quadrangle be closed.

2.—That iron distributing pipes replace the wooden logs in the quadrangle.

3.—That, if possible, the large receiving tank be removed from its present position and located at the spring, and that the water be conveyed thence to the school reservoir through iron pipes.

4.—That the connection at present existing between the reservoir and the School drain (flush-pipe) be cut off, and that the reservoir be regularly cleaned and inspected.

Privies.—About the centre of the quadrangle the old latrine was situated; it was a square pit about 4 feet in depth, lined with unmortised planks, which permitted the liquid portion of the fœcal matters to ooze freely into the surrounding soil. In August last the latrine was abolished, the contents were carted away, and the pit filled with earth and lime. A few feet from the latrine, between it and the well, we caused a pit to be dug to a depth of six feet, and we found the loose gravelly soil to be impregnated at various depths with organic matter. To replace the latrine, closets were constructed behind the gymnasium, but not upon a plan which could prove to be either effectual or satisfactory.

Suggestions with regard to the privies:—

1.—That the closets be removed from such close proximity to the gymnasium

2.—As we are of opinion that for outside privies the earth system, if properly carried out, would be preferable to any other, we would suggest that every precaution be taken to secure its thorough and systematic application.

Drainage.—The old barrel drain which passed under the corner of the school and chapel was imperfect in construction, and ill adapted for the purposes required; it was removed in August and replaced by two 12-inch vitrified tile drains, one for the College and the other for the School. These drains united below the College building, and emptied into the Massawippi, well out in the stream. The river below this point is consequently contaminated with sewage. The ventilation provided for these drains is insufficient and unsuitable, and in addition to the recommendations contained in the report of Messrs. Lowe and Radford, we would suggest the construction of a proper ventilating shaft in the main drain, near the

junction. We append the careful and minute report of these gentlemen, and concur in their recommendations.

Subsoil Drainage.—Owing to the faulty construction of the old barrel drain and the latrine, the soil of the quadrangle must have become contaminated with their fluid contents. In order effectually to purify this quadrangle, we would recommend that a thorough system of subsoil drainage be adopted. The present well, which probably drains a considerable portion of the quadrangle, should be utilized by carrying a tile drain from the bottom.

It is a well-known scientific fact that the atmospheric air penetrates the soil, according to its character, to an indefinite depth, and circulates in every direction with a rapidity of motion dependent upon various surrounding conditions, one of the chief of which is variation of temperature. This air is known as ground air. The temperature of the cellars and basements, especially where furnaces are used, is considerably higher in cold weather than that of the outside soil, consequently the flow of ground air will then be directed towards these cellars and basements. If the soil be contaminated in any way, so will be, to a greater or less extent, the ground air contained in it. In this way it is very probable that polluted ground air from the quadrangle is drawn up through the imperfect floor of the basement and circulated throughout the building. In order to prevent, as far as possible, the entrance of this air, we would recommend a thorough covering of the cellar and basement floors with some suitable impervious material, such as concrete or asphalt. The walls, as high as the level of the soil, should be protected in a similar manner.

It is now held by the best authorities that imperfect sanitary conditions cannot of themselves originate the typhoid poison, but when once the specific germ has gained access to a soil suitable for its development, it spreads and multiplies with great rapidity. The conditions most favorable for its development are chiefly those produced by defective drainage and ventilation. In this instance, whence the poison came, or by whom introduced, we have been unable definitely to ascertain; but whatever may have been the precise origin of the disease, the condition of the drainage and water supply during the latter part of May was most favorable for the development and diffusion of the typhoid poison. The close proximity of the well to the latrines favored the contamination of the drinking water; and to the use of this water, more than to any other single cause, we attribute the spread of the disease. In this opinion we are strengthened by the result of Professor Croft's analysis.

From the foregoing it must be evident that in order to eradicate the disease, it is absolutely necessary to secure for the Institution thorough ventilation, perfect drainage, and a pure water supply.

We cannot conclude this report without bearing our testimony to the courtesy and willing assistance rendered us at all times by the School and

College officials during the prosecution of our investigations, and to the evident desire on the part of the authorities to carry out all reasonable and necessary reforms.

We have the honor to remain,
Gentlemen,
Your obedient servants,

T. SIMPSON, M.D.
WM. OSLER, M.D.
J. C. CAMERON, M.D.

MONTREAL, 21st January, 1881.

THE ACCURACY OF CLINICAL THERMOMETERS.

Some of our readers may not be aware that they can obtain thermometers with a certificate of accuracy from the Observatory at New Haven, and can have those already in use, tested, and made correct. We therefore publish the following circular:—

"NEW HAVEN, CONN., February 1, 1881.

"The competition of business, coupled with the entire absence up to this time of any large Observatory in this country paying special attention to thermometry, to which authoritative appeal could be made, has so affected the manufacture of thermometers for medical purposes, that it seems necessary to issue a card briefly indicating the errors commonly found to exist, and to explain why, in this case, the representations of the dealers may be at fault through the want of a proper understanding of the subtle errors to which medical thermometers are liable.

"Too great a desire to economize time, good material and skilled labor has led, in the making of thermometers, to the following faults: 1. The graduation is sometimes started from one point of the scale, near the normal, and the size of the capillary tube is guessed at. No upper point being fixed by the maker, the higher graduations may be erroneous to the extent of several degrees. 2. Too much air separating the index from the column of mercury causes the index to rise with a jerky motion; air above the index forces the index down when the thermometer is taken away from the body. In some thermometers errors from this cause amount to two degrees at high temperatures. 3. New thermometers increase their readings rapidly during the first months after manufacture, so that instruments which were right when made may change their indications as much as two degrees within a year.

"It will be seen that these errors are not such as the dealer can readily detect. Even in those cases where a dealer is provided with a standard thermometer with which comparisons could be made, it is a difficult matter to determine the errors of the standard itself, and the unsupported representations of dealers and druggists therefore, though made in perfectly good faith, cannot, from the nature of the case, afford the physician satisfactory

evidence that any thermometer he may buy is not affected with errors, which in many instances under our observation have amounted to several degrees.

"Following the example of the Royal Society's Observatory at Kew, at which during the past year upwards of five thousand thermometers were examined, this Observatory has established a department to which any physician or other person may send thermometers by mail or express, and upon the payment of a small fee receive certificates of their exact errors. The facilities are such that there is no good reason why physicians should not buy their new thermometers furnished with the Yale certificate by the dealers: in those cases where no certificate is furnished, the uncertainty may amount to two degrees. It should be remembered that thermometers which the physician has had in his possession for many months are certain to have had the requisite seasoning, and therefore an old thermometer with a recent certificate is more valuable than a new one, or one about whose age there is doubt.

"The Observatory has been called upon within three months to certify about seven hundred thermometers from various parts of our country; the results of this work have demonstrated the gross inaccuracy of the cheaper clinical thermometers as commonly sold, and seem to render expedient the publication of this card calling the attention of physicians to these errors and the great difficulty of detecting them except with the appliances of an Observatory devoted to this work.

"LEONARD WALDO, *Astronomer in Charge.*"

Medical Items.

PASSED.—Thomas Wesley Mills, M.D. (McGill, 1878), passed the examinations for the qualification of L.R.C.P. on December 30th, 1880. Thomas Kelly, M.D. (McGill, 1873), passed the primary examination for M.R.C.S. on the 5th January, 1881.

—The following have been elected officers of the Ottawa Medico-Chirurgical Society for the current year: *President*, Dr. J. A. Grant; 1*st Vice-President*, Dr. E. C. Malloch; 2*nd Vice-President*, Dr. J. W. Whiteford; *Secretary-Treasurer*, Dr. R. W. Powell; *Council*, Drs. Bentley, Baptie, S. Wright, Rogers, and H. P. Wright.

—Ladies with beards will be glad to hear of a remedy. Mr. Lawson Tait reports a case where the beard fell off after the application of a galvanic pessary.

—The State of Maine has a law that provides that "no man shall practice medicine without having first practised dissection;" this is followed by another law which provides that "no bodies shall be dissected except those of executed criminals;" and the door is finally locked by another law which prohibits "capital punishment."

SPANKING AND FLOGGING AS THERAPEUTIC MEASURES.—A year or two ago Dr. I. E. Taylor showed the excellent effects to be derived from spanking the child and flogging the mother (with a wet towel), in some of the accidents of parturition. Dr. Heurot, of Paris, has found the same measure admirable as a remedy in hysterical spasms. We recollect that, as a small boy, we took some doses of this same preparation for certain emotional diseases, such as slight kleptomania (toward apples), acute ira, and disorder of the organs of speech (prophania); in these and similar disorders, we join in giving it our fullest recommendation. —*Philadelphia Med. & Surg. Reporter.*

—The "Kyrle Society" of London has lately painted and decorated some wards in the Westminster Hospital in the modern style of art, and the general effect is said to be most delightful. It is understood to be the intention of the Society to visit the different hospitals and paint the walls and ceilings of the various wards in a way calculated to have a refining influence upon the tastes of the poor sufferers.

—The editor of an American journal, wishing, recently, to show up a *confrère* as far behind the times, can think of nothing better than to say that "the doctor does not seem to be aware of the fact—familiar to all the rest of the medical world, at least in America—that the Listerian bubble has burst." Hard on the Listerites.

—We cut the following from the remarks of Mr. Clement Lucas in the debate on Rickets at Pathological Society of London:—"Children under nine months, suffering from rickets, will almost invariably be found to be bottle-fed; whereas children suffering from rickets at sixteen or eighteen months will often be found still hanging to the mother's nipple. In either case

the diet is injurious, and I will undertake to produce rickets in any child under three years of age that I may be allowed to feed improperly. As regards which child is most frequently attacked by rickets, my experience, in accord with what Sir Wm. Jenner said on the last occasion, was that the eldest child of the well-to-do and the later children of the poor suffer most. The eldest child of the rich suffers because it is an experimental child, and the parents learn by practicing upon it how best to feed those that follow.

—John Wyeth & Brother, of Philadelphia, have lately introduced a new compressed pill to their already large list. It consists of salicylic acid in combination with cinchonidia, and is recommended for use in the treatment of neuralgic and rheumatic affections. It is claimed for this new pill that, as the acid is combined with a cinchona alkaloid, it therefore increases the remedial action by the addition of tonic stimulant and anti-periodic properties.

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75 LEVER STREET, PICCADILLY, MANCHESTER.

I have used your Maltine pretty extensively since its introduction, and am glad to state that I have found it exceedingly useful; particularly in cases where cod liver oil has not agreed, have I found the Maltine with Beef and Iron most valuable.

J. S. FLETCHER, M D., M.R.C.S.

January 16, 1879.

Since 1878, our sales of Beef, Iron and Wine have quite doubled in amount, owing to the appreciation by Physicians of our claim that our preparation really deserves the preference on account of PURITY OF THE WINE, the FRESH BEEF USED, together with the fact that the IRON is held in SOLUTION, in condition to insure ready assimilation. If Physicians will test it by simple taste, they will find an entire freedom from the mawkishness that must characterize it if made from Extract of Beef, resulting in a disagreement with the delicate and sensitive stomachs of the class of patients for whom this combination is specially indicated. We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, Beef, Iron and Wine, properly prepared, has proven more uniformly beneficial, than any combination we have ever known.

JOHN WYETH & BRO., PHILADELPHIA.

CANADA

MEDICAL & SURGICAL JOURNAL

MARCH, 1881.

Original Communications.

CASE OF EXTENSIVE VARICOSE VEINS CURED BY PARTIAL EXCISION, WITH ANTISEPTIC PRECAUTIONS.

By T. G. RODDICK, M.D.,

Prof. of Clinical Surgery, McGill University; Attending Surgeon Montreal General Hospital.

(Read before the Medico-Chirurgical Society of Montreal.)

I have thought that the following brief report of a case of varicose veins of the lower extremity, treated in a rather unusual fashion, might be brought before the Society with a view chiefly to elicit discussion on so common an affection, and one regarding the treatment of which there still exists in the profession such a diversity of opinion. The following report has been taken from the notes of one of my clinical clerks, Mr. J. B. Harvie:

R. W., aged 21, a blacksmith, was admitted into the General Hospital under my care on the 23rd November last. His ailment was a varicose condition of the veins of the right leg, causing considerable inconvenience and a constant dull, aching pain. His family history is unimportant. He never contracted any venereal disease. He says that four years ago he was kicked by a horse on the inner side of the right thigh, a little above the knee. He did not pay much attention to it at the time, as it gave him little inconvenience. About two months subsequently, however, he noticed that the part was becoming puffy, and that the veins below the knee were gradually enlarging. The puffi-

ness and enlargement of veins have increased very rapidly within the past few months.

On admission, he is noticed to be a powerfully-built, muscular fellow, and a picture of health. On the inner side of the right thigh, and about three inches above the most prominent part of the inner condyle, is a tumor the size of a hen's egg, soft, fluctuating, and readily emptied of contents when the patient lies down, but tense and resisting when he stands up. From the centre of its upper border the internal saphena vein, considerably enlarged, can be traced to the saphenous opening. A number of varicose veins, very tortuous and as large as the little finger, cross the leg below the tuberosity of the tibia, and communicate with the enlargement above by means of a trunk which appears to be at least three-quarters of an inch in diameter in its upper part, and about four inches in length. The tumor, a drawing of which I show you, is, in form, an enormous sacculated dilatation of the internal saphena vein. An operation for excision of a portion of the large trunk being determined upon, the patient was etherized, and a ligature, sufficiently tight to arrest the venous circulation only, applied to the upper part of the thigh. With antiseptic precautions (Dr. Fenwick assisting), I made an incision three inches in length over the main trunk, and dissected carefully down until the coats of the vein were exposed. A catgut ligature was then carried round the vein and tied; at a distance of an inch and a half above this, another ligature was applied. A branch of some size running into the intermediate portion was also secured. About an inch of the centre calibre of the vein between the ligatures was now completely excised with curved scissors. The edges of the incision were brought together with catgut sutures, and a catgut drain was laid along the bottom of the wound and made to project at either angle. The antiseptic dressings were applied and the limb was laid on a pillow.

Nov. 24th.—Patient had a good night and is free from pain; wound dressed, looking very well; the tumor is reduced to less than half its original size, even when in the recumbent posture; veins below the knee also much smaller and firm to the feel;

temperature 99°. *27th.*—Had slight pain referable to the knee during the night, but to-day has no pain and altogether feels very well. The wound was dressed and found to look remarkably healthy. The tumor has shrunk to one-third its original size, and is quite firm to the feel, being evidently filled with clot. He experiences little, if any, pain in it, but has had pain at times in the course of the saphena above, and some tenderness in the veins below; temperature normal.

Dec. 3rd.—Everything has gone on favorably; very little pain and no fever. The sutures appear to have given way easily, and hence the wound gapes somewhat, necessitating the application of adhesive straps. The tumour continues to contract, while its contents remain firm and unyielding. The dresser (Mr. Dawson) is instructed to apply a compress of cotton wool and a flannel bandage over the tumor, outside the dressings.

The antiseptic dressings were removed on the 7th December, and Martin's elastic bandage applied from the toes to the middle of the thigh. The patient was discharged from Hospital on the 20th, the tumor tending still to diminish in size, and continuing firm and readily movable on the adjaeent tissues. It has always been somewhat closely adherent to ths skin. In size now it scarcely reaches that of half a walnut. The veins in the front of the leg also have contracted to about half the former size, and in places they appear to contain firm clots. The patient experiences no inconvenience beyond slight stiffness of the knee from the constrained position in which it has been so long held.

The great point of interest which strikes one at first in connection with the case just reported is, perhaps, the occurrence of so marked a varicose and dilated condition of the veins in so young a man. As far as the varicosity is concerned, this is not exceptional, however, in my own experience, having met with at least half a dozen cases in youths, in some of whom it was even more marked than here. But so great a varicose dilatation I have never before seen. The mischief, doubtless, originated in the dilatation, the varicose condition below being a consequence of the impeded circulation. The traumatic history of the case, also, has its interest. The blow must have fallen directly on the

internal saphena, causing, in all probability, rupture of its internal and middle coats, resulting in a condition almost identical in its pathology with the aneurismal dilatation of arteries.

But it is to the mode of treatment adopted in this case that I would especially draw your attention. In considering the numerous operations that have been from time to time proposed for the cure of varicose veins of the lower extremity, it will be found that any relying on the adhesive process only will be found inefficient, for the reason that the lining membrane of veins does not readily undergo adhesive inflammation. Thus, I have always looked upon such measures as external pressure, the application of caustics, and acupressure, even with the addition of subcutaneous section of the vein, as simply futile. Nothing, I believe, short of actual excision of a portion of the varicose trunk will insure permanent arrest of the venous current. Even when the vessel has been laid open, the channel has been restored and the operation has failed in its object. I think, however, that the removal of one inch of the entire calibre of the vein is likely to result in as great a success as if many inches had been excised, and certainly the risks will be infinitely less. The employment of catgut ligatures for the temporary closure of the cut ends of the vessel is an element in the treatment worthy of note. The catgut being absorbed, gives no further trouble, and does away with any purulent formation so often noticed when carbolized silk or ligatures of any other material are employed. But, unquestionably, the great secret of the success to be chronicled in connection with this and similar cases lies in the faithful employment of antiseptic precautions; and I say it without hesitation that no surgeon who does not practice *Listerism in its entirety* would be justified in attempting such an operation as that described in this paper. There is no class of operations for which erysipelas, suppurative phlebitis and pyæmia have such an affinity, hence every known precaution against their occurrence should be taken, and outside of the pure Listerian method we know of no means by which these surgical scourges can be combated with anything like success.

(*Note—March 3rd*, 1881.—The man whose case is reported

above presented himself at the Hospital a few days since, the condition of things being as follows: General health excellent; leg somewhat weak from want of exercise; tumor diminished very much in size, but still contains some fluid contents, painless; veins below so markedly varicose before are now scarcely noticeable; patient much gratified with result, and will resume work immediately.)

CASE OF ENCEPHALOID DISEASE OF THE TESTICLE—OPERATION.

By G. M. DUNCAN, M.D., Bathurst, N.B.

On Thursday, Jan. 6th, was telegrammed from Belledune, 20 miles distant, to visit a case of rupture. On arriving, was ushered into an inner room, wherein, on a bed, lay Pascal (Ang. Peter) Guitar. His hair is a very dark brown, beard lighter; eyes hazel; sallow complexion and an anxious expression; rather cadaverous-looking, and not at all well nourished. A very short examination showed that whatever the "*animile*" might be, it was *not* a rupture.

After questioning him, which was a matter of no small difficulty, my French being very lame and his English being very much more so, I noted the following points:—He is 25 years of age, and has always been healthy; was never laid up for a day till attacked by his present trouble. His appetite is, and has always been, good. In August last he noticed for the first time that his left testicle was somewhat larger than usual, though free from pain, and continued observation determined its steady and rapid increase; never, to his knowledge, had a blow or hurt.

There was not the slightest pain on pressure. The tumor was evidently an enlarged testicle, though a squeeze did not elicit the sensation peculiar to a testicle. To the touch it felt pulpy and elastic, almost tempting one to use the lancet. The veins of the scrotum were not enlarged, nor was there any discoloration. The cord and vas deferens felt natural, showing that they were not involved. The mass was heavy.

There was a small tumor about the size of a hazel nut on the edge of the left side of the sacrum. It was first noticed in October

last, when he got a knock from an ox on the spot, and was then the same size as now.

About three months ago he felt shooting pains along the back of his thigh to the knee, and the testicle seemed to grow more rapidly. Shortly before my visit the neuralgic pain in the thigh got very bad. This was, I thought, due to irritation of the filaments of the genito-perineal branch of the smaller sciatic nerve distributed to the testicle.

My diagnosis was Medullary or Encephaloid Cancer.

I made arrangements to drive up the following Sunday, but a heavy snow-storm coming on, I did not get there till Tuesday morning. I was assisted by my student, Robert Gordon, son of a worthy graduate of McGill, who had been my own preceptor. I found him much the same as on the 6th. He had used the six morphine powders left to relieve the pain. Placing him on a table, I washed the scrotum well with carbolic solution and shaved it. I then administered chloroform, which he took very kindly, and when fully anæstheticized I dissected out the tumor by an incision from the abdominal ring to the bottom of the scrotum. A jet from an artery of the ducts was checked by torsion. Nott's Rectilineal Escraseur was then applied to the cord and screwed home, the tumor cut off close to the under surface of the escraseur, and the instrument removed, the cord having been first caught by a tenaculum, to guard against retraction. I do not find it necessary to ligature small arteries after Nott's Escraseur, but 20 miles is rather far to run any risk, and as a precaution I picked up and tied the deferential and three spermatic arteries. There was scarcely any blood lost, and after washing the wound well with the following lotion:

℞ Ol. Eucalypt. glob, - ℥iii
Alcohol, - - - - - ℥ii
Aquæ, - - - - - ℥xviii

I brought the edges of the wound, which was about 6 inches long, together with fine sutures of Chinese silk dipped in Ol. Eucalypti, and dressed with a fold of lint wet in the lotio eucalypti, and retained in place by a simple suspensory bandage. I left, with instructions to keep the dressing wet with the lotion

and to change the lint daily till I returned, which was on the fifth day. The wound had united in the lower three-fourths by first intention, and the upper part containing the ligature shewed a strip of healthy granulations. I removed the sutures and one of the ligatures came away. There had been no pain in the thigh, he had slept well, and a somewhat joyous countenance had replaced the look of anxiety. Tumor over sacro-ischiatic foramen remained the same. Ordered wound to be washed with lotion daily, and dressing continued as at first.

The tumor weighed 16½ ounces, and was sent to Prof. Osler, who examined it for me, and who kindly makes the following notes on it:—

Mass about the size of a small cocoanut, encapsuled; sheath is covered with adherent fibrous tissue and numerous blood vessels course beneath its capsule. There are two separate portions, one, about the size of a large testicle, is situated upon the larger part, and occupies the position of the epididymis. On section, the small portion is seen to be closely united and continuous with the larger part. The general appearance of the growth is that of a soft, rapidly-developing sarcoma. The upper part is firm, of a greyish-white colour, and firmer than the rest, but the tissue generally is fleshy-looking, soft, homogenous; presenting here and there small extravasations. There are a few small irregular cysts. On one side, beneath the tunica, there has been a large extravasation of blood, and the clot has become decolorized and now presents a gelatinous brown appearance, very œdematous, and the escape of the serum has caused the level of it to be a good deal lower than the other parts. On examination, this part is made up of a dense reticulum of fibrin fibrils, mixed with a few leucocytes and red corpuscles. Part of the centre of the tumour has a yellowish-brown look, as if undergoing caseation. In several places beneath the capsule blood has extravasated.

On microscopical examination, the chief constituents of the mass are small, round cells closely set together. Here and there elongated fibre-cells are seen, but they are not abundant. Many large fibrous bands occur, doubtless the remnants of the tra-

beculæ of the organ. In the central part of the tumour the cells have undergone fatty degeneration.

The tumour corresponds to a round-celled or medullary sarcoma, one of the commonest malignant growths in the testicle, and which frequently leads to extensive metastatic growths in the internal organs.

Visited my patient again February 8th. Ligatures had come away ten days ago but one, which was easily removed. Wound all healed except a flabby granulation at point of exit of ligatures. Not a drop of pus had formed during the healing process. No swelling in the stump of the cord. Complains of great pain in hip and thigh, excruciating at night, and increasing in intensity till morning, when it moderates, and sometimes leaves altogether till night, when it comes on again. It is, he says, like the gnawing of a rat, and began a day or two after last visit, and has been gradually getting worse. On examination, I found a swelling over the left hip, extending from the sacrum to the anterior superior spinous process of the ilium. It is well defined, only at the edge of the sacrum, where was noticed the tumor already mentioned, and there a tumor, soft and elastic, presents, giving the feeling of a cyst containing fluid. The remainder of the swelling seems to be an infiltration into the subcutaneous tissues over the glutei muscles. The skin over the cyst is slightly livid, and has a number of tortuous vessels in it. This and the whole swelling is painful on pressure. The pain is due evidently to pressure on the lower sciatic nerves, and is increasing in intensity equally with the infiltration and growth of the tumor. It is evident the disease has returned in this place, if not already existing there and dormant in the small tumor, while the testicle was the active seat of the disease. There is no evidence of any disease elsewhere.

I shall see him again in a few days, but should the disease continue to make as rapid progress, the end is not far off. I would not hesitate to operate again, but think the difference of a few weeks hardly calls for the trouble.

LONDON LETTER—SURGICAL AND ANATOMICAL.

By T. W. MILLS, M.D.

About the time this letter reaches you the wave of unusual excitement will be passing over the medical students' world as the examinations pass and honor approach; and as these scraps of knowledge were gathered from a course of lectures (chiefly) delivered by Mr. Fred. Treves, Demonstrator of Anatomy and Assistant Surgeon of the London Hospital, before men preparing for the various London Examining Boards, I hope the points in these notes may be of especial service to the student that aims at something above contented mediocrity; and unless the writer is under a misapprehension, the general practitioner may be able to turn them to some good account.

Hæmorrhage from Palmar Arches.—The brachial artery to be tied in preference to ligature of the radial and ulnar if compression *in situ* fail. To make effectual compression and avoid sloughing, which is very likely to follow compression made in the ordinary method, graduated pads of lint over the site of the bleeding on each aspect of the hand, forming two inverted pyramids, and secured by a short splint over each, fastened by straps of plaster at the ends with the needful firmness, are decidedly the most satisfactory. Tying either radial or ulnar in this case was condemned.

Test for infiltrated Cancer of Breast.—The mamma lying loosely on the pect. major, if in consequence of infiltration it has become attached to that muscle, will move with it when the arm is moved. In *removal of the breast*, the part towards the axilla should be removed last, because cancer *grows* in that direction, and because the principal *blood supply* to the mammary gland is from the vessels of that region.

The Glands of the Axilla consist of three sets: 1. One set along the vessels returning lymph from the upper limb; 2, another on the serratus magnus, beneath the anterior fold of the axilla; 3, a third at the posterior fold returning lymph from the back. There is no lymphatic gland in the arm of appreciable

size below that one situated at the bend of the elbow, towards the internal condyle.

Tapping the Chest.—In the 5th interspace : half-way between sternum and spine, *i.e.*, in mid-axillary line ; during inspiration, so as to avoid vessels,&c. ; and never behind the angle of the rib.

Amputation at the Shoulder.—The landmark, above all others, to be kept in mind in all forms of amputation is a " point midway between the coracoid and the acromion process." The styloid process of ulna is the most important landmark about the wrist ; marks the point for opening the joint. In consequence of the arrangements of the synovial sheaths, abscesses of the thumb and little finger are often associated with abscesses in the fore-arm.

In Excision of the Elbow, the whole of the insertion of the brachialis anticus is not to be removed ; the books are not all as clear on this point as they might be.

Holden's Line—Midway between ant. sup. spin. proc. and top of G. trochanter, towards the groin. In fracture it is obliterated.

Differential Diagnosis between certain forms of Chronic Rheumatoid Arthritis of the Hip and impacted fracture.—In both there is shortening and eversion, and moderate extension does not overcome the former ; but in the rheumatic affection the shortening is, of course, very gradual. The main point, however, is, that the fascia lata, which extends from the iliac crest to the G. trochanter, in fracture is relaxed.

Fracture of the Femur.—Of all fractures this is most likely to be *oblique*, and especially in the upper third (leverage). In a *transverse* fracture, with shortening, there may be no crepitus. In fractures near either extremity of the shaft, the double-inclined plane has its most fitting application. The deformity at the lower extremity may be easily overcome by a division of the tendo Achillis producing it. From a mechanical principle, fracture of the patella is *transverse* in semiflexion of the limb, since one-half of it is then unsupported by bone.

Fractures of the Leg.—In frequency *both* bones together are oftenest broken ; next, the Fibula alone ; the Tibia is most often broken by direct violence, the Fibula by indirect. As the femur furnishes the best example of oblique fracture, the tibia is the

best of transverse of all the bones in the body. There is some confusion as to Pott's own method of treating the fracture of the fibula that bears his name. That surgeon recommended that the patient lie on the injured side, that the knee be bent at a right angle, and that a splint with a foot-piece be applied to the fibular side of the leg. Dupuytren's splint, on the contrary, was applied in an altogether different way, and to the inner side; his principle was to straighten the leg by main force. It is well known, in fracture of both bones, the break is usually not on the same level—the fibula giving way higher up; the best examples of comminuted and compound fractures are found at this site, at least they occur here with greatest frequency.

Hip Joint.—The surgical anatomy of this joint is not generally very well understood, yet is very important not only to a clear comprehension of displacements, &c., but to an intelligent treatment of its various affections.

The Capsular Ligament has certain accessory fibres which are of sufficient importance to bear special names. These are the ilio-femoral ligament, the pectineo-femoral, the ischio-femoral and the superior. The space in the capsule between the first and second of these accessory bands is the thinnest part of it. It is as well to remember that the hip joint has no fewer than five vessels and five nerves.

Dislocations take place oftenest when the thigh is in the *abducted* position. The easiest position for the limb in cases of large effusion into the joint is that of combined flexion and abduction, since it is in this position the joint holds most fluid, or, to put it otherwise, the one it assumes when the maximum of fluid is present. Speaking of the difficulty of getting in books a complete account of the anatomy of this joint and some other matters, the lecturer mentioned, incidentally, that on certain points he had consulted fifteen different works. It is encouraging to the student to know that untiring industry will compel success, even in London. However, it is questionable if idleness be the reigning sin of this age; and it is possible to convert a virtue like industry into a vice. As I look around me at the hosts of young men that are engaged in this London

in that struggle to rise to the upper or middle professional stratum, a struggle that seems to be almost terribly keen, I ask myself the question—will these men live out half their days? Are they not now prematurely old? I have no fears like this in regard to Canadian aspirants. I am not in any concern as to their coming to an untimely grave from excess of *scientific* zeal; and yet might we not honestly say, "would it were not so?" How often have I wished, since moving in these scientific fields, from the depths of a somewhat proud Canadian heart, that a few of my fellow-countrymen had made some little mark, enough at least to let the world of science know that there is such a place as Canada. It is some solace to think that there are at least a very few to redeem us *somewhat* from complete obscurity. These words are penned with honest regret, and in no spirit of depreciation of that country I love so well. But we had better realize the fact, and set about its correction. I hope, Mr. Editor, you will pardon this digression, but the feeling was strong, and had to find expression sometime.

Action of Ligaments.—The ileo-femoral limits extension; the pectineo-femoral abduction; the superior adduction; flexion is limited by no ligament. The lig. teres is tight only when the leg is flexed and adducted or rotated out. In *all* forms of dislocation of the hip the head of the bone passes downwards and backwards, leaving the posterior and inferior part of the ligament; and in reduction it must of course get back through the same opening. The Y shaped ligament of Bigelow is never torn; the lig. teres always torn. The plates in Bryant's Surgery on hip dislocation are erroneous; unfortunate, as the book is much used by students generally.

Reduction of Dislocation of Hip.—(1.) Flex to relax the lig. of Bigelow. (2.) Circumduct *out* when the dislocation is on the dorsum or into the sciatic notch; and *in* in the other cases to bring the head of the bone to the lower part of the capsular ligament (3.) Extend to force the head through the capsule.

There has been some dispute as to what Nelaton's line really is. N.'s own words are in reference to the questioned matter—"the most prominent part of the tuberosity."

In reducing a dislocation of the femur, it is as well to bear in mind that the internal condyle looks in the same direction as the head of bone in all its possible positions. Many other points of surgical interest might be noticed, but your patience, I fear, is already sufficiently taxed, Mr. Editor. I will close by observing that it is, of course, understood that the reader will supply either from memory or by reference a good deal, as these notes are intended rather as hints than as complete descriptions.

BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women, &c.

The Porro-Müller Cæsarean Section.—Dr. E. Richardson of Philadelphia reports what he calls the first successful case of the Porro operation in America, in the *American Journal of the Medical Sciences* for January of the present year. It is also the fourth case in America; the first, it will be remembered, was by Dr. H. R. Storer, then of Boston; the second by Dr. Isaac E. Taylor of New York, and the third by Dr. Agnew of Philadelphia (as yet unreported), in a case of fibroid filling up the pelvis in a patient three days in labour. Dr. Richardson, we think, scarcely does full justice to Dr. Taylor, whose case lived 26 days and then died suddenly of cardiac thrombosis from phlegmasia dolens, the latter, it is true, excited by the operation. Our readers will remember that the Porro operation consists in opening the belly by a short incision, opening and emptying the uterus *in situ;* turning out the uterus and ovaries; ligaturing the cervix, and then fastening the pedicle in the lower angle of the incision. The modification devised by Prof. Muller of Berne is to make a long abdominal incision, turn out the uterus and appendages, open and empty the uterus, and then treat the pedicle as in the Porro operation. Four out of eight Muller operations have been successful.

Dr. Richardson's patient is a dwarf, whose internal pelvic diameters at the superior strait are respectively: the conjugate,

1.87 ; and the transverse, 3.93 inches. The case is peculiar, in that he operated two weeks before the expected time of delivery, thereby securing the great advantages to both patient and operator, of ample preparation, of option of day and time of day, and of absence of exhaustion incident to labour. A further advantage it was believed was secured by the presence of a well-defined cervix, which facilitated the application of the ligature. The only interruptions to steady recovery were an attack of colic on the fourth, and a mild attack of phlegmasia dolens on the eleventh. Lactation was established as usual after normal labour, the milk being abundant and of good quality, and the patient has nursed her child regularly.

The Treatment of Rupture of the Uterus.—In my last report I gave a brief synopsis of two cases of rupture of the uterus reported by Dr. Frommel in the *Centralblatt fur Gynäcologie*, successfully treated by irrigation with carbolized water and drainage tubes. In the last number of the same journal for 1880 appear the reports of two other cases recovering under the same treatment. One of these, by Dr. Morsbach of Halle, was that of a woman of 35, who had previously borne four children and had one abortion. The first and third child were born naturally, but of the second and fourth she was delivered with forceps. After the last labour she made a very tedious recovery, keeping her bed for six weeks. The patient in her fifth labour was in charge of a midwife. After labour of severe character for five hours she got the patient out of bed to rupture the membranes. This was very difficult, and immediately afterwards the pains ceased in spite of three ergot powders administered by the midwife. Soon after, general abdominal pain set in, together with discharge of blood from the genitals. On examination ten hours later, when Dr. M. first saw her, he found the feet presenting in the vagina. On attempting to extract, he found that the feet were projecting through a laceration involving cervix and vagina, and that the child was in the abdominal cavity. To deliver the child it was necessary to incise the edges of the rent. After delivery coils of intestine came down through the opening. The placenta was extracted from the abdominal cavity. The fundus

uteri was clearly felt a little above the symphysis pubis. Two large-sized drainage tubes were carried through the vagina into the Douglas fossa, and made to dip into a wad of salicylized cotton between the thighs. Carbolic acid was not used to irrigate the vagina and wound, but only to cleanse the external genitals. The patient did well; the temperature never rose above 38.4°, and but little pain was suffered. One drainage-tube was removed on the second day, and the other on the fourth. She was able to leave her bed on the fourteenth day. On examination fourteen weeks after, the cicatrix of the healed laceration was easily felt on the left side of the cervix and vagina.

The second case is reported by Dr. M. Graefe, assistant physician to the University Lying-in Hospital in Berlin. Dr. Möricke was called on the 3rd October, 1880, at four in the morning, to see a woman in her thirteenth labour. The pains had been severe since nine the previous evening, but had suddenly ceased at three o'clock. Dr. Möricke found the patient in a state of extreme collapse, with small, frequent pulse. A furrow-like depression crossed the abdomen in the umbilical region. Fœtal heart sounds inaudible. By vaginal examination, the face was found above the pelvis in the second position; a hand and foot were also prolapsed. Incomplete rupture was diagnosed, and the patient immediately transported to the Lying-in Hospital. After her arrival, on examination it was found that the conditions had changed somewhat. The well-contracted uterus was clearly palpable above the symphysis, and the child completely in the abdominal cavity. The patient being anæsthetized, it was easily extracted by the feet, dead. The placenta was removed immediately afterwards. It now appeared that the uterus was lacerated transversely to such an extent that only a band of three fingers-breadth remained behind and to the left, a large quantity of coagulated blood and meconium were found in the abdominal cavity. This was well washed out with a warm one to forty solution of carbolic acid. A large-sized drainage-tube was then passed through the rent and secured. A firm, compress bandage and an ice-bag were placed over the uterus. For two days the pulse could not be felt, but on the third even-

ing it had so much improved as to be counted (112 to 120). The temperature was normal. On the fifth day, frequent vomiting and hiccup. Her condition was such that recovery could scarcely be hoped for. On the sixth day the temperature rose to 39; the pulse 112, but full and strong. The discharge, hitherto scanty and slightly bloody, now began to be offensive. Carbolized water (1 to 40) was gently injected through the drainage-tube from one to three times a day, according to the temperature. During the next two weeks the temperature underwent morning remissions and evening exacerbations, which, however, did not exceed 39.6. The discharge from the tube was scanty, thin, and no longer offensive. At the beginning of the fourth week the temperature fell to normal, and so remained. At the beginning of the fifth week, as the discharge from the tube had ceased, it was removed on the 2nd of November. The patient rapidly gained strength, and was discharged on the 8th of the same month. Examination at this time showed that the uterus was nearly completely involuted and lay over to the left side. On the right side of the very short cervix the finger entered a small granulating cavity; close to it, in the right paremetrium, was a mass of exudation of the size of an apple.

In conclusion, Graefe points out the great advantage of this method of treatment of rupture of the uterus in suitable cases over laparotomy (so strongly advised of late in certain quarters); especially to the country practitioner, far from skilled assistants and unprovided with the necessary appliances for its performance. A bottle of carbolic acid and a piece of large-sized drainage-tube in his obstetrical bag furnish him with a simple and, as experience has shown, a marvellously successful means of treating this terrible accident of labour a means whose application requires no skilled assistance.

In the last number (Heft ii, Band, V.) of the *Zeitschrift fur Geburtshulfe und Gynakologie* appears an exhaustive article on the "Etiology and Treatment of Rupture of the Uterus," by Dr. Frommel, assistant physician to the Gynæcological Clinic in Berlin. After full consideration of the etiological aspects of the lesion, Dr. F. proceeds to give briefly the records of eight cases

occurring recently at the clinic. The first seven of these cases were subjected to laparotomy, with careful attention to all the details of the antiseptic system, but all proved fatal. The eighth case, treated by irrigation with carbolized water and by drainage, recovered; the child also recovered. Dr. F.'s conclusions with reference to the respective merits of these two forms of procedure will surely commend themselves to every one as being just. They are as follows: 1. Laparotomy ought to be performed when the fœtus has completely receded into the abdominal cavity, in which case it can rarely be extracted by the natural passages without dangerous shock to the mother; when the child has been dead for some time before the setting in of labour, and therefore a tendency to, or an actually septic condition of the fluids exists; when, with death of the fœtus, the rupture has occurred long after the escape of the liquor amnii, and therefore with great probability a septic condition of the contents of the abdominal cavity obtains; and when there is copious bleeding into this cavity, because in no other way may it be completely cleansed. 2. Drainage with irrigation is the appropriate treatment in recent ruptures, the child being alive or only recently dead; and when it is possible to extract by the rent through the natural passages without too much injury to the mother. The latter procedure in appropriate cases must strongly commend itself as being so much less formidable than laparotomy; a circumstance which must not be overlooked when the operator has to deal with a patient exhausted or even in a state of collapse from the combined effects of a long labour, serious injury to an important organ, and loss of blood.

Evil consequeuces of Vaginal Irrigation during Labour.—A paper on this subject was recently read before the Obstetrical and Gynecological Society of Berlin by Dr. Frommel, and is published in the *Zeitschrift fur Geburtshulfe und Gynacologie*, Band V., Heft II. It is obviously of the greatest importance that such occurrences should be recorded and borne in mind, in view of the fact that the most important part of the modern curative and preventive treatment of puerperal fever in its widest sense is the use of vaginal injections. It is the custom recently

established at the Berlin Obstet. Clinic, after demonstration of the patient to and examination by the students, to administer as a prophylactic, a 1 to 40 carbolic solution. The method is by fountain syringe and gum-elastic tube, with fresh glass vaginal pipe for each patient.

A woman of vigorous appearance, 38 years of age, pregnant of her second child, came to the clinic; child in second position; its heart sounds strong, 140 per minute. The vagina lax, the cervical orifice and canal admitted two fingers. After the usual demonstration and examination, the usual irrigation was practised. The glass tube, guided by the finger, was introduced to the posterior vaginal cul de sac. About 400 to 500 grammes of the solution had flowed through the vagina, when suddenly the woman began to throw her arms violently about; the face grew pale, livid, and then cyanotic in rapid succession, while respiration became laborious and stertorous. The vaginal tube was immediately removed, whereupon a considerable quantity of dark red blood came away. The pulse was weak and frequent, 150 per minute, and for a few minutes was scarcely to be felt. It however, after a few minutes, became less frequent and more regular, but remained small. Gradually respiration became free and the cyanosis disappeared, but complete consciousness did not return for two hours. After this the mother did well, but not so the child. As soon as the violent maternal symptoms had subsided, the fœtal heart sounds were listened for, and the frequency before the accident (140), was now found to be reduced to 72, only five or seven minutes later. At this frequency the beats continued to be heard, but gradually becoming weaker, till 40 minutes after the accident they had entirely ceased. Just before its death violent movements of the fœtus were noticed, During the night following this accident the woman was delivered of a recently-dead female child. On dissection, froth, composed of mucus and meconium, was found in the trachea, and numerous ecchymoses on all the serous membranes, especially the pleura, such as are usually observed in the bodies of newly-born infants dying of apnœa. The only pararallel case Dr. F. has been able to find is one in the practice of his colleague Möricke, in the

same clinic. This was a case of placenta prævia, being treated by tampons and vaginal irrigation on each occasion previous to renewing the plug. At the sixth injection the same symptoms as in Frommel's case occurred; the patient recovered several hours afterwards. Unfortunately in this case the child was already dead, so that the effects of the phenomena described in the mother were not to be had on the child. Olshausen, Martin, Depaul, and others relate allied cases. As regards the cause of the symptoms in this case, Frommel believes that unintentionally the point of the tube was applied within the open cervix, and that by the sudden tolerably forcible pressure of the fluid by the syringe the symptoms were produced. Various explanations are given for such symptoms. Kustner suggests an acute carbolic acid poisoning, but as opposed to this, permanent carbolic irrigation has been kept up for days together, and carbolic urine been thereby induced and maintained for days without such symptoms. Moreover, the same symptoms have occurred in Fritsch's hands by salicylic acid irrigation, and are well known to have followed the use of pure water. Frommel also rejects the theory of injection of air into the vessels, as he has been unable to find more than one unmistakeable case of this kind which recovered. In the case in question there was extensive emphysema of the abdominal walls. He suggests two explanations: Access of the injection fluid to the veins; and intense irritation of the numerous nerve filaments of the uterus, leading to cerebral disturbance, but favours the first of these, as there are numerous facts in its favour. Such are the phenomena occasionally witnessed during transfusion, and accidental injection directly to small veins in the use of the hypodermic syringe. Frommel concludes his paper with a few remarks on the practical aspects of the case. One or two unfavorable cases cannot be taken as good ground for discarding vaginal irrigation, but it ought to be used with caution, and is undoubtedly necessary in certain cases, notably after the removal of the tampon. Especial care is necessary when the head is high, and the cervix open. In all such cases, the vaginal pipe must be carefully kept away from the cervix and very little pressure used during the injection.

When the head is low in the pelvis, and applied closely over the cervix, there is no danger.

Remarkable Case of Maternal Impression on Fœtus.—Dr. Hunt of the Pennsylvania Hospital reports the case of a woman aged 30, pregnant 8½ months, who was admitted to the hospital for very extensive burns from flame. The fœtal heart sounds were detected till the second day afterwards. The child, a well formed dead female, was born a few hours later. It was apparently burnt and blistered in places and in extent almost exactly corresponding to the injuries of the mother. The blisters stood out fresh and full, as though recently formed, and in places the derm was deeply involved, as on the mother. The case appears in the *American Journal of Med. Sciences* for January, 1881, and is accompanied by drawings of the appearances on both mother and child.

Antiseptic Ovariotomy.—In the *British Medical Journal* for January 22nd of the present year appear two important papers giving the results of experience of abdominal section by the two principal surgeons to the London Samaritan Hospital for Women.

Dr. Granville Bantock's paper is entitled "Fourth series of twenty-five cases of completed Ovariotomy." In reviewing the hundred cases which this series completes, Dr. Bantock congratulates himself upon having as early as the seventh case discarded the clamp for the ligature, which, as is well known, is now almost universally employed. The reason of this is that it has been thought to be a necessary part of operation by the antiseptic method. In this connection it is worthy of note that, while some operators attribute the great success of modern ovariotomy to antiseptics, others as Lawson Tait reverse the proposition and attribute it to the ligature. Bantock, in one case only of the hundred, employed the actual cautery, which he looks upon as the only true rival of the intra-peritoneal ligature. He began to practice the antiseptic method in his thirty-first case, when thymol was first brought to notice from Germany. His experience of carbolic acid is not very encouraging; thinks that while perhaps saving his patients from one danger, he has by the spray exposed them to others, and believes he has seen deaths from

acute pulmonary congestion, due to the chilling effects of the spray, and to carbolic acid poisoning. After his first twelve operations with carbolic acid he had five deaths, but of this dozen cases there was an unusually large number of unfavorable ones. Of the five deaths, he attributes two to the use of carbolic acid. In his fifty-first case he substituted absolute phenol for Calvert's No. 1 acid, and then had a run of seventeen cases, with only one death, in a bad case. In his later cases, Bantock has used one to fifty, one to sixty and one to a hundred solutions instead of the one to twenty and thirty of Listerism, and his results lead him to two important deductions: 1st, In similar cases the antiseptic system in his hands has not yielded a lower temperature curve; 2nd, the reduction of the strength of the carbolic acid solution has been attended with a proportionate lessening of the temperature curve and a decrease in the rate of mortality. Mr. B. has further departed from Lister's instructions by abandoning the "protective" and dressing the wound by the dry method, with thymol gauze.

On the 14th December last Mr. Knowsley Thornton read a paper before the Royal Medico-Chirurgical Society on "One hundred and seventy-two antiseptic abdominal sections; with remarks on the causes of death." All the cases were treated strictly after Lister's method, which Mr. T. thinks very important, and objects to the "modified Listerism" of some operators. Mr. Thornton's conclusions from these 172 cases thus treated are: 1. Simple cases recover under Lister's method with a certainty previously unknown. 2. There is less fever, and convalescence is more rapid, than under the old method. 3. The success obtained in the more complicated cases is in proportion to the exactness with which the antiseptic method can be applied to the individual cases. 4. The accidents and complications occasionally following operation—such as hæmorrhage, for example—are more easily overcome in aseptic cases. 5. There are difficulties and even dangers in the application of the method; and the more experience the individual surgeon has in it, the more readily he foresees and avoids these, and the more complete becomes his success in applying it.

Stenosis of the Uterine Orifices and its relations to Dysmenorrhœa and Sterility; by Professor Pajot of Paris. The above is the title of an interesting and spicy paper by the celebrated Parisian professor, in the *Annales de Gynécologies* for December, 1880. After some introductory remarks, the author proceeds to say that the narrowing may be at either of the two orifices of the cervix or either of the two orifices of the uterine body (the Fallopian tubes). Stenosis may affect either internal or external os, or both, or the whole cervical canal. This narrowing may be congenital or acquired, but the latter is very rare. Stenosis of the external os is easily diagnosed; stenosis of the internal os is only to be diagnosed by the sound. The importance of narrowing of these respective orifices is very different. With reference to dysmenorrhœa, narrowing of both orifices and of the canal of the cervix may be a cause, but in the case of sterility, stenosis of the external os only is important. The extent of stenosis of the external os varies. When of less than two millimetres diameter, it must be considered abnormally small, but Pajot has met with cases in which the orifice was so small as to be invisible to the naked eye; a lens mounted on a handle being necessary to its discovery. To diagnose stenosis of the internal os, P. recommends graduated whalebone sounds in preference to metallic ones; and while on this subject, he takes occasion, from the stores of his large experience, to warn the young gynecologist of the occasional grave, sometimes fatal, consequences which may follow the simplest procedures in gynecology, such as the use of the sound, and cordially endorses the statements made in the recent paper of Dr. Engelmann of St. Louis on this subject. The author rejects the theory of obstructive dysmenorrhœa, pure and simple, and asserts that there is always something else as the cause in addition. This is found in the fact that the non-gravid uterus possesses the properties of irritability and contractility which may be excited by the congestion of the organ at the menstrual period, and by the presence of blood in its cavities of body or cervix. In the treatment of stenosis, Pajot rejects incision as being much more dangerous and no more successful than dilatation either for sterility or dysmenorrhœa. He employs

a metallic dilator with expanding blades. In the case of sterility, it is necessary to dilate only the external os so as to afford free ingress and lodging of spermatic fluid, and adduces in support that the zoosperms without difficulty make their way through the barely, (to the naked eye) visible orifices of the Fallopian tubes. For sterility, he thinks, moreover, that the dilatation of the external os ought to be transverse, to imitate as much as possible the condition of two lips found in multiparæ. For dysmenorrhœa, on the other hand, he dilates the whole cervix. In either case he is careful to dilate gradually by repeated efforts at intervals of some days, and to avoid abrasion or bleeding during the process. He is careful to examine the husband and spermatic fluid before subjecting the woman to treatment, and insists on the necessity for caution in giving an opinion as to prospects. He relates several cures of sterility without dysmenorrhœa from dilatation of the external os alone.

Correspondence.

TYPHOID AT LENNOXVILLE.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—In the January number of your journal you published a communication from Dr. Worthington, of Sherbrooke, on "Typhoid Fever at Lennoxville," and added some editorial remarks on the same subject. As I have been medical attendant at the School since May, 1878, I feel it my duty to give a short statement of the facts of the case. Before doing so, in order to show that the School has heretofore not been the unhealthy place many would think from all that has been said about it, I have looked over my notes of cases occuring in the School, and find that during the two and a half years I have been in attendance, excluding trivial cases that required one, two, or at most three visits, and surgical cases there have been only twenty-two cases of sickness among the boys, including the recent cases of typhoid, viz.:—Typhoid, 5 ; scarlet fever, 4 ; cold and mild bronchial attacks, 4 ; pneumonia, 3 ; erysipelas, 2 ; sore throat, 1 ; rheumatism, 1 ; intermittent fever, 1 ;

epilepsy, 1. This list, however, does not include Heneker, as he resides in Sherbrooke, and was not under my care.

In May last it was found that the College drain was obstructed ; on the 18th of that month this drain was opened, the necessary repairs made, and the drain closed up on the 22nd.

On the 28th May one of the boys complained of not feeling well, and on the 30th went to his home in Montreal ; he subsequently developed typhoid. As he was not under my care, I have not included him in the above list. This, as far as I know, was the first case of typhoid that originated in the School since it was opened.

From this date up to the closing of the School for the summer holidays, on the 24th June, I find no record of having been called upon to prescribe for any of the boys ; however, on their return home several developed typhoid, all ending in recovery.

The opening of the drain being at this time, and with much reason blamed as being the origin of the fever, it is, perhaps, not to be wondered at that the well did not receive more attention, especially after Dr. Baker Edwards had pronounced the water pure and free from animal matter, and also from the fact that the water from this well had been used by the inmates of both College and School for 20 years, and was considered unusually good and pure. In fact, I was not aware any objection had ever been made to this water until after the second outbreak of fever.

On the 18th September the School was re-opened, and no case of sickness was brought to my notice until the 25th November, when I was sent for to see Tiffin. The previous history of this case, the admission of the boy and the symptoms under which he laboured, pointed to an attack of colic from eating too freely of indigestible articles, such as nuts, canned fruit, canned salmon, &c. He was so much better on the 28th that I found him up and dressed, but as he appeared weak and languid I sent him to bed again. On the 29th he was much the same, there being nothing about the case as regards his

temperature, pulse or tongue that would indicate with any degree of probability an approaching attack of typhoid, until the 30th, when I found his temperature 102°. I then thought the case suspicious. Next day, December 1st, finding his temperature still rising, I at once wrote to his father, informing him that I feared his son was threatened with an attack of "low fever." Previous to this the boy had written home to say that he was sick. In using the term "low fever," I take it that this term is popularly and usually understood to indicate a mild form of typhoid or that condition of the system which indicates a liability to an attack of typhoid. On the 3rd December his father came to Lennoxville and took him home to Montreal. I much regret to say the poor boy died about eight days after his removal.

F. Booth I first saw on the 27th November. The day before he had got very warm sliding, and on going to bed had chills, followed by fever, headache and sore throat. On the 28th, 29th and 30th, with the exception of the sore throat and some headache, he appeared better; but on the 1st December, finding his temperature rising, I at once wrote to his father to the same effect as I had written to Mr. Tiffin. On the 8th Mr. Booth took his sons home to Ottawa.

J. Booth, who had occupied the same room as his brother, for some days before going home complained of being "out of sorts," but did not keep in bed.

Ogilvie complained of headache while in class on the 29th November, and was sent to bed. On the 1st December, as his head still ached and the other cases having given a clue to the probable cause of his indisposition, I also wrote to his father, who came out next day, the 2nd December, and took him home to Montreal.

Stewart did not appear to be as well as usual on the 2nd December, but kept about; there being no improvement next day, I sent him home.

These five boys, with the exception of Heneker, are as far as I know the only cases that originated in the school during this last outbreak.

As regards the imputation that the parents ought to have been sooner informed of the nature of their sons' illness, any medical man can easily understand how difficult, if not impossible, it is in many cases to diagnose typhoid fever with any degree of certainty during the period of invasion, and how cautious it is necessary to be when the case occurs in a large school, lest, by a precipitate diagnosis, unnecessary alarm may be given, probably resulting in a breaking up of the school. The medical attendant has a duty to perform both to the parents of the scholars and to the school; and while he is very properly expected to inform the former of any serious illness attacking their children, it is equally his duty not to injure the latter by jumping to too sudden a conclusion.

Of the four cases of scarlet fever, three occurred in December, 1878, a few days before the Christmas holidays. It was considered advisable not to wait until the end of the term, but to allow the boys to return home at once; the fourth case was in March, 1879. In all these cases the parents were notified of the nature of the disease the day I was called in, and the patients removed to the infirmary outside the school building.

With reference to your remarks as to the "tendency to keep things quiet through fear of injuring the school" and "to the delay in notifying parents of the illness of scholars," I trust the foregoing remarks on the facts of the case will be sufficient to absolve me from any such imputation. And as regards your statement that "in one case public indignation has been loudly expressed at the unnecessary suffering inflicted upon friends who could only reach Lennoxville in time to find their sufferers delirious and soon pass into a moribund condition," I can only say that if such a case did occur, it must have been before I attended at the school, as most certainly no such case has happened since.

F. J. AUSTIN.

To the Editor of the CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—The "official account of typhoid fever outbreaks at Lennoxville" first misrepresents what I stated, and then challenges my veracity.

"Dr. Worthington stated *that he at that time condemned the well;* as there is no allusion *in the report* to a well, the doctor must *have drawn upon his imagination!*" What I wrote was, "*That privy was condemned, and it was suggested*" that the well was at a "*suspicious distance*" from the privy.

Suspicion is not condemnation, nor is suggestion assertion. When "it was suggested" Dr. Nicholls said they were not then using the water, as it had a bad taste; but, soon after this, the well was cleaned, and as a number of dead frogs were found at the bottom of it, the bad taste was accounted for, and the water has been used ever since—except when the presence of dead frogs was suspected. Whether the frogs contaminated the water, or the water killed the frogs, is a matter of conjecture. It will give me great pleasure to introduce to the Committee of Management—if they have any doubt about this—the person who cleaned the well, who will state why he cleaned it, and what he found in it.

I made no reference to any written report. I was writing from memory, as I am now, of what occurred years ago. We were preparing to write one, when a serious accident happened to one of the school boys, and Dr. Robertson had to leave. I believe it was arranged that he should complete the report, and the meeting of corporation adjourned until evening to enable him to do so. At the same time another matter was suggested, which was regarded as perhaps only second in importance to the privy as a source of danger. At that time the main drain from the school terminated abruptly in the slope of the bank, above the level of the little water course that ran through the swamp, and quite close to the crossing to the cricket field. There was nothing to prevent the foul air of this drain being blown back into the building, and at times the smell was very offensive at the crossing. The level of the swamp is about the level of the bottom of the well, and it would be interesting to know how far that swamp to-day is affected by percolation from the ground above it, irrespective of miasma from the swamp itself. The distance is great, but 30 years would do it. The sums collected from the boys for the cricket field, and never

expended upon it, would have drained that swamp and made the field one of the best in the Dominion. I have examined the water several times, and always found it *bad*. I will not honor my examinations by the name of analysis; I am too rusty for that, but still bright enough to know whether a given quantity of water contained 8.4 or 85.4 grains of solid matter. Every outburst of fever only served to convince me that the development or diffusion of the typhoid poison was due to the water supply. In that opinion I was supported by Dr. Robertson, and both of us expressed warnings about that well, long before the time admitted in the "official account." Only the other day the father of one of the boys stated before a number of gentlemen in Quebec, that my son had cautioned his son about drinking the water, as his father had pronounced it bad, and he felt grateful for the warning. It was what I considered the improper secrecy connected with the recent outbreak that induced me to write my article. Who is responsible for that secrecy I do not know, but doubt if any master or matron ever had written instructions as to what should be done in such an emergency.

Why was the water sent for analysis? The report says the Chairman of Trustees *urged it*. There is no whisper before this that any warning was given. I must, therefore, conclude that the idea originated with the Chairman of Trustees. It would never do to admit that I had ever suggested a suspicion as to the purity of the water. Why were three medical men in 1873 requested to examine and report upon the sanitary condition of the school? Was it that some mysterious influence was at work, giving to the school a general unhealthy character? and the school authorities wished to find out what that influence was? To say that inquiry had no reference to typhoid fever would be no excuse, as the official account devotes a paragraph on its first page to two cases of pneumonia. The gentlemen who give the "medical history of the institution in reference to typhoid fever" are, of course, not responsible for its exactness. The first case referred to as "10 or 12 years ago" was November-December, 1871, which brings the time nearer to the time of

the former commission. Still there is an interval of 17 months to May, 1873. What occurred in that interval to make a medical inquiry necessary? Three doctors! The case must have been serious? History "in this respect, as in many others," is silent.

"During the progress of the drainage work the Committee determined on the removal of the wood-sheds and latrines from the centre of the great College yard, where they had *long been an eye-sore, and it was on this ground alone that they were removed.*" If this is intended as a denial of what I stated about the objectionable latrine, I will give the Committee a short history of their latrines, which may be useful to them. The College was built in 1846, the school in 1860 (?) The *first* latrine was close to the site of the present school. Its pit was laid in dry stone. A small building was erected over it, and there was no drain from it. After being in use more than 10 years the building was moved to the centre of the quadrangle, where a new pit was dug; no drain from this either. Beautiful inventions both of these for saturating an extended area of light gravelly soil. When this *second* latrine had been in use 13 years it was *condemned.* When condemned the building was removed, the hole filled up, and a *new latrine*, covered with new sheds, was built—the one described in the Medical Report, and called the *old latrine*, the one that had *long been an eye-sore*, and which was removed—not from sanitary considerations, but from architectural defects. It did not please the eye! It was an eye-sore!

There is a want of harmony between my account and that of the Committee in reference to this *third* latrine. But if the Committee wish it, I can shew them the original building—the one moved from near the old covered way between the school and college—to the middle of the 'quad,' and removed a few years ago to make room for the new one. I can also shew them the man who built the first—moved it, and erected the *new one*—the one that is called the *old one*, the one taken down last summer, because it had long been an eye-sore.

E. D. WORTHINGTON.

[The following printed letter bearing on this matter has also been sent to us for publication.—ED.]

THE LODGE, LENNOXVILLE, Feb. 19th, 1881.

In sending out the accompanying Statement and Report, I wish to repeat my expression of deep regret, which I made at the meeting of Corporation on the 21st December, for having failed to attach sufficient importance to the warnings which I had received about the well-water. In the case of Dr. Robertson, whose advice and opinion I had myself requested, I find it peculiarly difficult to explain even to myself how I came not only to neglect the advice, but utterly to forget that I had received it. This, however, is the case. I cannot even now recall the circumstances, though I have no doubt that the warning was given.

I have felt it to be due to the medical gentlemen in question to put on record their warnings, and due to those who are interested in the College to make this personal statement.

J. A. LOBLEY,
Principal of Bishop's College.

Reviews and Notices of Books.

Lectures on the Surgical Disorders of the Urinary Organs.—Delivered at the Liverpool Infirmary by REGINALD HARRISON, F.R.C.S. 2nd Edition, 8vo. J. & A. Churchill, London.

Nearly half of this work is taken up with a description of stricture of the urethra, its causes, symptoms, treatment and consequences. In this department of the surgical diseases of the urinary organs Mr. Harrison is thoroughly at home, having had an immense experience, the sea-faring community which frequents Liverpool furnishing the surgeons of the infirmary an unlimited number of examples of this disease. The remaining part of the work is taken up with the diseases and injuries of prostate, bladder, ureters and kidneys, finishing in the 30th lecture with a description of varicocele and its treatment. No new theories are advanced and no controversial verbiage is introduced to confound his opponents and mystify the reader. Mr. Harrison "sees good in everything," and states his own

experience in a straightforward manner, and dwells especially on those practical points of which he can speak authoritatively from actual personal knowledge. The lectures are written in a simple colloquial style, which makes them pleasant reading to the busy man. Mr. Harrison is well known by his irrigation treatment of gleet, and in this method of treatment he adopts the views of Mr. A. Pierce Gould, viz., "that the morbid matter collects in the horizontal or bulbous portion of the urethra," and can only be got rid of by employing means whereby the urethra may be thoroughly cleansed from one end to the other. Thus not only is the gleet cured, but strictures are prevented by freeing the urethra from the morbid secretions which are apt to lodge there, and set up sufficient inflammation to lead to plastic exudation and so to stricture. If these views are correct, then a gleet is not always "indicative of an early formation of stricture." That it often leads to stricture is a well established fact. Lecture 4 deals with the practical points in connection with the surgical anatomy of the urethra, and draws special attention to its relations with the rectum and the connections of those bug-bears to students, the pelvic and perineal fasciæ. We are glad to see that Mr. Harrison holds the view that extravasation of urine is caused in the majority of cases, not by the rupture of the urethra behind the stricture, but from the products of inflammation (pus), around the urethra behind the stricture, finding their way by ulceration into the urethra, and so leading to extravasation. Gouley's tunneled bougies and catheters are highly spoken of in the treatment of tight stricture, and their more general employment is strongly advocated. In strictures of recent date, the treatment by gradual dilatation has been successfully employed.

We are afraid that Mr. Harrison's views are rather utopian, when he looks forward to the time when the discovery of some means to prevent contractility of scar tissue will supercede or improve the present instrumental treatment. Aspirating the bladder above the pubis has been found preferable to any other method for relieving retention of urine where a catheter has failed to pass, and is preferred to tapping the bladder through

the rectum. The objections to tapping the bladder through the rectum would have been made much stronger had some cases been cited which had been followed by extravasation of urine. Dr. W. McFee Campbell says that aspirating the bladder is sometimes followed by extravasation of urine, and cites a case.

Mr. Harrison has performed the operation of external urethrotomy (Symes') twenty times without any fatal result. In connection with this part of the subject, Mr. Wheelhouse's paper is quoted in full, with the original wood cuts. This will be found useful by those who have not access to the fyle of the *British Medical Journal* for 1876. The tenth lecture is devoted to syphilitic stricture and its treatment by mercury, aided, however, by gradual dilatation, and several cases are cited to illustrate the point. These strictures appear to come on more during the secondary stage of syphilis, and are very amenable to anti-syphilitic treatment, more so it appears than similar strictures of other mucous canals.

The lecture on irritable bladder is a very instructive one. In it Mr. Harrison mentions that he has met with several examples of fissure at the orifice of the female urethra caused by rapid dilatation of the urethra. He considers this affection (fissure) one which has not been sufficiently recognized. In cases where it is necessary to wash out the bladder a very simple apparatus is advised—a glass funnel, to which is fitted two feet of India rubber tubing and a gum elastic catheter; the catheter is introduced into the bladder and is connected with the funnel by means of the rubber tubing, when the funnel is elevated and water poured in; the water, by hydrostatic pressure, is forced into the bladder, and by lowering the funnel below the level of the body, the water escapes from the bladder. Mr. Harrison strongly insists on the necessity of examining the urine before sounding for stone; he has known more than one instance of sounding being followed by death, the *post-mortem* examination revealing disorganized and suppurating kidneys. He also always administers ether when sounding, as he says without it, it is quite impossible to obtain all the information one needs concerning the stone. This is all very well in hospital

practice, but in cases in private practice where we suspect stone, for the mere verification of our suspicions, it is our opinion that the administration of an anæsthetic is unnecessary. Bigelow's operation for crushing stone is merely noticed, not fully described. Now, we think this is the most important improvement which has of late years been introduced into the operations of surgery of the urinary organs, and ought to have been fully dwelt on in such a work as this now under notice. Lecture 26th, on the surgery of the kidney, adds largely to the interest of the work. It is a subject which has of late greatly attracted the attention of practical surgeons. A synopsis of all that has been done in this department of surgery up to the present year is given; the operation of nephrotomy is not as minutely described as we should have liked to have seen it.

In conclusion, we may say that we have perused this book with much interest and benefit, and if not approving of all it contains, still have no hesitation in recommending it to our readers as a sound practical treatise on the surgical diseases of the urinary organs. The work is profusely illustrated, and printed in large, clear type on good paper, and is free from typographical errors.

Food for the Invalid, the Convalescent, the Dyspeptic and the Gouty.—By J. M. FOTHERGILL, M.D., Edin., M.R.C.P., Lond., Associate Fellow of the College of Physicians of Philadelphia, &c., and HORATIO C. WOOD, M.D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania, &c. New York: MacMillan & Co. Montreal: Dawson Bros.

This is a useful book of recipes for physicians and others who have to provide for the varying and often hard-to-satisfy wants of invalids and convalescents. It is preceded by a short and useful introduction upon the physiology of foods and of digestion. Then follow the culinary receipts, which number in all about 300. Amongst them will be recognized many old friends, whilst several have all the appearance of novelty. Some of these

seem rather startling for delicate stomachs—*e.g.*, goose pudding, is composed of bread, flour, onions, sage and dripping. The invalid is to imagine that he has ordered roast goose, but has, by mistake, been helped only to the stuffing. Onion soup, again, is a compound of onions, potatoes, eggs, and Parmesan cheese. Great variety is offered for selection of soups, fish, puddings, salads, fricassees, &c., and without professing to be enough of a *gourmet* to fairly criticise them, we may safely recommend them to physicians who are so frequently consulted concerning the best means of catering for the capricious appetites of delicate persons and invalids.

Photographic Illustrations of Cutaneous Syphilis.—By Geo. Henry Fox, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases. Forty-eight plates from life, colored by hand. New York: E. B. Treat. Montreal: Dawson Brothers.

During last year we had the pleasure of drawing attention to the publication by Dr. Fox of a series of photographic illustrations of skin disease, and expressing our admiration of the very excellent mannner in which the design had been carried out. We have now received six numbers of the new work by the same author, bearing the above title. It will form a companion volume to that which we have just mentioned. It is gotten up in exactly the same style, and every plate exhibits indications of the same care and fidelity to nature. In the study of these cutaneous troubles, the differential diagnosis of which is often difficult, nothing is of such assistance as *good* plates. We need not specify in detail the different varieties of syphilis which have been so far illustrated; each number contains four full-sized plates, executed in the best style and very carefully colored by hand. Any one, therefore, possessing this work will have before him an accurate representation actually from life of very nearly every important or, at least, frequently-met-with syphilitic affection of the skin. We cordially recommend it to all.

How to use the Forceps, with an introductory account of the Female Pelvis and of the mechanism of Delivery.—By HENRY G. SARDIS, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College. Illustrated. New York: E. B. Treat. Montreal: Dawson Brothers.

The author remarks that "the great diversity in the shape and design of forceps now in use, and the vague and conflicting opinions as to the manner of their employment, are a sufficient evidence that an exact and scientific basis has not yet been reached, or if known at all, that it has not been well and generally understood." His aim, therefore, is to make as clear as possible the present condition of knowledge with reference to the cases which are suitable for the use of forceps and the principles which should guide the operator in their employment. A very good account is given of the mechanism of labor, with the various important points in the anatomy of the pelvis concerned in the process. A number of useful diagrams are introduced for the purpose of illustration. As this volume is a great deal more full than the section on the subject in most of the text-books of obstetrics, it will no doubt be found useful by students, resident accoucheurs and physicians generally.

The *Popular Science Monthly* for March is to hand, with the following contents: Physical Education (In-door Life), by F. L. Oswald, M.D.; The Problem of Municipal Nuisances, by R. S. Tracy, M.D.; The New Phrenology, by H. de Varigny; A Piece of Coal, by R. S. Calvin; Political Forms and Forces, by Herbert Spencer; Lingering Barbarism, by Vogt; The Legal Position of Married Women, by Anna Garlin Spencer; Rock Weathering, by Prof. Geikie; The State as an Educator; The Morals of Luxury; Mind as a Measure of Nature; Sketch of Prof. B. Pierce; with the usual Notes, Literary Notices, and Popular Miscellany. (D. Appleton & Co., New York.)

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting of the Society was held January 21st, 1881. The President in the chair.

Dr. Osler exhibited—1st, a specimen of sarcoma of the testicle, sent to him by Dr. Duncan, of Bathurst, N.B. 2nd, a specimen of dilated gall-ducts, from a woman who died of septicæmia. A small stone was lodged in the *pars intestinalis* of the common duct, and the bile passages behind it were considerably dilated. There was no jaundice. The cystic duct contained two calculi, the gall bladder was moderately dilated, and contained six or eight small stones in a clear mucoid fluid. He drew attention to an important symptom in the chronic impaction of gall stones, which, so far as he knew, had not been noticed by any English or American writers; it has been described by Charcot as biliary intermittent fever. Two cases had been under his care. The first, a woman, aged 30, was admitted to hospital in November, 1879, with jaundice. She remained until the end of April, and during her residence the characteristic symptoms were as follows:—Intermittent jaundice, remarkable ague-like paroxysms, chills, fever and sweats, the temperature rising to 103° or 104°. The jaundice always became much more intense after these attacks, which lasted from two to six hours. There was great loss of appetite, and at times tenderness in epigastrium. They recurred at intervals of from two to eight days. She left the hospital in the end of April, and went to her home in St. Johns, where she was attended by Dr. Robt. Howard. Early in June she passed a large gall-stone, weighing 60 grains, and has been well since. The second case, also in a woman, was at present under his care, and presented very similar symptoms:—Jaundice, intermittent in character, lasting for eighteen months, severe ague-like paroxysms, coming on every week or ten days; the jaundice deepened after the attack. Charcot has collected twenty of these cases, of which only one so far as is known, recovered.

Dr. Henry Howard then read a paper on "Hæckel on the Evolution of Man," after which the meeting adjourned.

A regular meeting of the Society was held February 4th, 1881. The President in the chair.

Dr. Osler exhibited a specimen of hypertrophied heart, with mitral stenosis. Dr. Ross said the specimen was the heart of a young girl, aged 11 years, who had died in the Hospital. When admitted she was suffering from an attack of chorea; had a history of acute rheumatism. She had hypertrophy of the heart and a loud mitral murmur. She was treated by hypodermic injections of Fowler's solution, and in a week the choreic movements had entirely ceased and patient was up. She then became a little feverish, and acute inflammation of wrist and knee set in. Patient was put on salicylate of soda, and rheumatism reduced in 48 hours; then she had elevation of temperature and pulse 140. The following day a pneumonia was noticed, and whole of right lung consolidated. She lived only about six days.

Dr. Osler exhibited another specimen from a case of chronic endocarditis.

Dr. Geo. Ross then read a paper on "Concussion of the Spinal Cord."

Dr. Roddick read a short paper on "Railway Spine."

Dr. Henry Howard said, with regard to Dr. Ross' paper, a fact of interest is that where there is concussion of the spine with severe symptoms, you have often rapid recovery; and where the symptoms are not severe at first, you get a lingering case.

Dr. F. W. Campbell mentioned a case occurring in his practice about three years previously, where a man fell on his back; paralysis followed, from which patient improved, but within a week the paralysis became complete, and the patient died.

Dr. Hingston said, in answer to Dr. Henry Howard's question, as to how a very slight paralysis is permanent, and in a very severe paralysis you have early recovery, that in complete paralysis the substance of the cord is not injured much, but the brain is affected, and you have effusion of fluid into the meninges of the brain and spinal cord. In concussion the loss

of consciousness is not complete and recovery slow. Complete paralysis sometimes occurs in Potts' disease of the spine, but is not permanent, and is not due to bone pressure; the pressure is without. He never, when summoned to a case, asks himself whether there is fracture or simple concussion, but puts the case under absolute rest.

Dr. Ross said Dr. Hingston's explanation was not complete, as it is possible to have complete paralysis without effusion.

Dr. Bulkley, of New York, was then introduced, and read a paper on "Favus and a new mode of treatment by a new method of epilation." The stick used is composed of yellow wax, ʒiii; shellac, ʒiv; resin, ʒvi; B. pitch, ʒx; Damar gum, ʒiss; melt and roll into sticks when cold.

Dr. Hingston mentioned that in May, 1867, the late Dr. Smallwood had asked him to see a French-Canadian lady, then aged 63, the subject of a large ovarian cyst. He proposed ovariotomy, which was declined, the patient, however, consenting to tapping. This was first done in May, 1867, four gallons of fluid being withdrawn. From that date to March, 1876, she was tapped forty-three times, an average of four gallons being withdrawn each time. On the 13th August, 1880, she was again tapped, three and a half gallons being withdrawn. On the 25th January, 1881, the last time, six gallons of fluid were withdrawn. She died on the 30th ultimo from a fit of indigestion, aged 81 years, remaining in perfect health to the date of her sudden death. The total number of times she was tapped being forty-six, and the amount of fluid removed 186 gallons.

Dr. F. W. Campbell stated a fact relative to a case in practice where, for puerperal mania he had ordered chloral, directing that the patient should have 30 grains in the evening and an additional 30 grains in six or eight hours. By mistake the whole drachm was given. The patient slept through the night, all next day, and till 12 o'clock the following night. This large dose had a decided effect in reducing the temperature.

Dr. Cameron drew the attention of the Society to the failure in his hands of compressed pills of quinine. In a case of typhoid fever he had given six of the 5-grain pills, and perceiving no

reduction of temperature, administered an additional 30 grains, with a like result. Then 20 grains of quinine in solution was given, bringing the temperature down from 105° to 100°. An explanation of the uselessness of the compressed pills was perceived when the nurse discovered several of the pills in the stool of the patient. Three of the pills thus passed were shown by Dr. Cameron.

Dr. Kennedy said he had been in the habit of using 5-grain compressed pills of quinine. One day he wanted a solution of quinine, and not having any of the powder at hand, he put in four of these pills in a half ounce of dil. nitro-muriatic acid and a little water, and it took three-quarters of an hour before these pills dissolved.

Dr. Ross expressed his confidence in McKesson & Robbins' pills.

Dr. Roddick used the cachi, and favored it in preference to any other form.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

The Cartwright Lectures.—In the fifth lecture of the course, Dr. Bartholow took up the subject of the antagonism between the action of remedies and the symptoms of diseases. He first considered the treatment of paralysis by strychnia as originated by Majendie and modified by recent observation. Strychnia exalts the reflex function of the spinal cord, increases the arterial tension and stimulates the cardiac and respiratory functions. In cases of functional and reflex paralysis in which the changes in the cord are slight, and are often due to anæmia of the cord, strychnia is of great value. Diphtheritic paralysis is a type of the functional paralysis antagonized by the drug. When hyperæmia of the cord is suspected it is contra-indicated. As a cardiac and arterial stimulant, strychnia is also of value in cases of exhausting hæmorrhage, and has been used by Dr. Fordyce Barker to arrest post-partum hæmorrhage with

success. The resemblance between the symptoms of strychnia poisoning and tetanus indicates that the antagonists of strychnia may be used in tetanic spasms. Six remedies have been used with success in tetanus, viz., chloroform by inhalation, chloral, nicotine, bromide of potassium, physostigma, and gelsemium. They all agree in their power to diminish the reflex function of the spinal cord, and to oppose the exaggerated reflex sensibility, and are therefore well chosen as antagonistic remedies.

In epileptiform convulsions, some agents that have a similarity of action, and some that have an antagonistic action, are employed. Of the first class, picrotoxine is a representative. It stimulates the spasm centre; but as inhibition results when two impressions coming from different sources are made simultaneously on the spinal cord, the result of excitement of the spasm centre by the disease and by the remedy at once is a suspension of its action and consequent arrest of the convulsion. Of the second class, bromide of potassium is an example. It acts by allaying the irritation of the spasm centre, and the best index of the production of a sufficient effect in cases of epilepsy is the condition of the facial reflex, as that shows the condition of the spasm centre. A good illustration of antagonism between remedies and symptoms is afforded in the administration of amyl nitrite to avert an epileptic spasm. Its inhalation produces dilatation of the arterioles, a flush replaces the pallor which accompanies the beginning of the convulsion, and the seizure fails to occur. In many nervous diseases characterized by spasms, such as chorea, asthma, paroxysmal cough, laryngismus stridulous, etc., the remedies which allay irritability of the nerve centres—viz., chloral and the bromides—are indicated by the principle of antagonism. The same principle holds good in the treatment of pain. In this sensation there are three stages—peripheral irritation, transmission of sensation, and conscious perception. Pain may be antagonized in any one of these stages, especially in the last two. Aconite, gelsemium, and local anæsthetics prevent the transmission of the impression. When a few minims of chloroform are injected into the neighborhood of a nerve trunk, its peripheral transmission is made anæsthetic and analgesic. This discovery

has been applied in the treatment of neuralgias with much success. The needle must be inserted deeply so that the drug comes in contact with the nerve trunk. The conscious centres are acted upon by anæsthetics, or by morphine and atropine combined, and thus pain is antagonized in the last stage of its reception. Mental states dependent on changes in central circulation are affected by agents which control the flow of blood in the brain. Thus insomnia, excitement with illusions and motor activity are controlled by chloral, gelsemium, hyoscyamia, conium, etc. Acute central congestion is antagonized by arterial sedatives, such as aconite, veratrum viride, and bromide of potassium, while anæmia is removed by strychnia, atropia, quinia and other excitants. The most exact antagonism exists between cardiac remedies and diseases. Excessive action of the heart may be due to a diminished inhibitory action, in which case galvanism to the pneumogastric, digitalis and ergot, which increase the inhibition and vascular tension, are indicated. On the other hand, an excess of inhibition is antagonized by aconite, and a paralysis of the accelerator ganglia by stimulants such as atropia. The most important antagonist to states of cardiac depression is digitalis. It slows the heart by lengthening diastole, stimulates the heart muscle, and by increasing vascular tension increases the amount of blood sent by the recoil into the coronary arteries. In mitral lesions it is especially indicated. But whenever it is given, small doses are to be used, as large doses, or long continued doses, exhaust the nervous apparatus which it is desired to stimulate. In fatty hearts it is contraindicated by the increase of arterial tension produced, which throws additional labor on the heart. The use of ergot in aneurism is strictly in accord with the principles of antagonism, since it contracts the artery, increases tension, and slows the heart, all of which actions favor the deposit of a clot in the sac. In the arrest of hemorrhage the most efficient remedies are those which antagonize the existing condition, e.g., ergotine injections in pulmonary hemorrhage, and bromide of potassium in menorrhagia. The application of cold and heat is based on the same principle. Cold causes prompt contraction of arterioles followed by relaxation; while heat produces relax-

ation followed by contraction which is more energetic than that produced by cold.

In conditions of exhaustion of the respiratory function from any cause, strychnia and atropia are the stimulants to be employed, and in pneumonia, attended by labored respiration and exhaustion, they may be employed with decided benefit. The antagonism between opium and various intestinal diseases in which rest of the bowel is needed was then noticed, and the lecturer closed by contrasting the action of certain remedies on the skin and on the kidneys being to a certain extent complementary it was show that drugs which excite one to action may suspend the function of the other. Pilocarpine and atropia were cited as exerting opposiong action upon the glandular secretions generally, and consequently are used in diseased conditions of the gland. In vesical irritation the cause must be determined before the antagonist is sought. If there is relaxation of the sphincter, belladonna and ergot are appropriate. If it is due to intolerance of the mucous membrane, bromide of potassium and alkalies are needed. If the muscular coat is irritable gelsemium, conium or choral would be physilogically antagonistic.

In the last lecture of the course Dr. Bartholow considered the principle of antagonism in reference to the treatment of constitutional states. He affirmed that the most successful therapeutic measures are those which are applied in accordanee with the theory of antagonism. Taking up first the condition of inflammation, he described the pathological changes in general in an inflamed part, and the three natural stages of such changes, viz., first, a condition of congestion in which there is diminished arterial tension, increased movement of the white corpuscles, with a tendency to emigrate, and increase of the oxidation process; second, a process of exudation; third, the absorption of the exudation. The variety of the processes indicates that inflammation is not antagonized by a single remedy, but it also suggests that successive stages may be successively met as they arise. In the first stage there are several antagonists; the indication being to increase arterial tension, lessen corpuscular movement, and decrease the oxidizing function of the blood. To

accomplish this, quinine, and morphine combined are the most potent agents. If used at the right moment they will suppress beginning inflammation. Many authorities testify to this fact, but successful cases are necessarily somewhat doubtful. If negative cases are considered it is found that failure is due to the use of the remedies at an inopportune moment. Their physiological action when combined, in increasing the tone of the vessels, and in checking amœboid movements, indicates their use. Quinine alone is a poison to all protoplasm—a fact which offers the probable explanation of its action in malerial fevers—when given in sufficient dose. It also lessens the oxidizing power of the blood corpuscles, thus checking those changes which produce heat, and lessening the production of waste products, and hence diminishing the amount of urea excreted. Morphine diminishes the frequency of the heart and the arterial tension. Hence both act together to antagonize the first stage of inflammation. Other agents which produce similar results are digitalis, aconite and veratrum viride. But they are inferior to quinine and morphine; digitalis acting slowly at a time when prompt effects are required. aconite being indicated only when the heart power and the arterial tension are excessive, veratrum viride being always inferior to aconite while acting in the same way. To antagonize the stage of exudation, a stage in which the earlier remedies are useless, choral and the alkalies are indicated. Chloral has considerable power to dissolve exudations, but is most effective before a complete stasis of blood occurs in the part. It is to be given in small doses, repeated every two hours, and is best combined with atropia in order that the action of the heart may not be weakened. Of the alkalies which also check exudation the best preparation is ammon. carbon. dissolved in liq. ammon. acetatis, and this may be alternated with the choral in the second stage of inflammation. During the absorption of the products of inflammation the general indication is to antagonize the weakened heart and the relaxed vessels, and for this purpose quinine and digitalis are the best agents.

The antagonists of fever were next considered. The rise of

temperature may be due to an increased production of heat by the process of oxidation, or to a diminution in the process of radiation of heat ; most probably to both combined. Before considering medicinal agents, attention was directed to the discovery of the lecturer that perfect repose had the effect of diminishing temperature. Rabbits and dogs have exhibited a decline of temperature of from one to three degrees when confined in an immoveable position. The natural fall of temperature in the human body occurring about four A.M., was ascribed to the perfect rest of the night. This indicates the necessity of absolute rest during fever. To affect the reduction of heat several drugs may be used. Of these, quinine is the most potent, as all writers on antipyretics are obliged to admit. It has the greatest power to reduce temperature with the minimum of evil effects. In order to produce this result it must be given in doses of not less than twenty grains. Its good effects in fevers of all kinds not malarial, are dependant upon its effects in reducing the temperature. It has no specific action. In malarial fevers it may also act as a germ poison. Salicylic acid ranks next to quinine as an antipyretic when given in large doses, Sixty grains are necessary to cause a fall of temperature. This fall occurs about half an hour after the drug is given, and is coincident with the profuse diaphoresis which it causes. Its effects remain for six hours. It is especially serviceable in the hyperpyrexia of acute rheumatism. Resorcin, a new antipyretic and antizymotic is probably destined to come into general use. It is non-irritant and may be given hypodermically. The antipyretic dose is grains lx. It produces an increased action of the heart, decrease of arterial tension, diaphoresis and then lowering of the temperature, which is decided and of considerable duration. Digitalis has been used as an antipyretic, but is slow in its action and irritating to the stomach. In scarlet fever, however, it is indicated, since it strengthens the weakened heart, increases the tone of the relaxed capillaries, and promotes the action of the kidneys, thus antagonizing the most dangerous of the symptoms of the disease. Aconite and veratrum viride are antagonistic to certain symptoms of dynamic fever, viz. : in-

creased arterial tension, and increased heart action, but are not directly opposed to the production of heat. The use of cold in the form of baths, wet packs, injections of ice water, or application of ice bags was then described, and its success in the treatment of fever commented on. In the treatment of all fevers where the temperature is the important symptom, the use of cold is indicated. The remainder of the lecture was devoted to a mention of some constitutional poisons which had been treated in a few cases by supposed antagonists: viz., hydrophobia by woorari, and diphtheria by pilocarpine; and to a review of the conclusions reached in the previous lectures.—*Chicago Medical Review.*

A New Antipruritic Remedy.—The physician is often very sorely put to it to give relief to the symptom of itching, which so frequently forms a prominent feature in certain skin diseases, and the most varied local measures will be used in many instances, with the result of aggravating the local irritation. Not unfrequently opium and morphine will be prescribed internally, in the hope of giving relief by inducing sleep, but in vain, for small doses are ineffectual in allaying pruritus, and, if the quantity be sufficient to induce a forced sleep, the patient often scratches in his sleep and awakes unrefreshed, having had tormenting dreams, during which there has been an incessant working at the diseased parts in the guise of some delusion of sleep. Chloral undoubtedly has very considerable value as an antipruritic, employed either internally or externally, and when taken in moderate doses in conjunction with bromide of potassium, and also with a little aconite, is often of the very greatest service. Belladonna, given internally, is spoken of as arresting itching in a measure, but the system must be under its full physiological effects to accomplish this. Carbolic acid has likewise been given internally in prurigo, and is thought to control pruritus when taken in considerable quantity and for some time; but there are some doubts in regard to its real effect on the itching, and its action is certainly very slow.

Here the list of remedies used internally to quiet this distressing condition ends, and it is readily seen how few they are;

indeed, chloral and bromide of potassium stand out almost alone, and the objections to their continued or too oft-repeated use need not be mentioned here. This field is one which needs cultivation, and one in which it would seem that there should be some progress made, and every contribution, however slight, has a practical value, not only in adding to the stock of remedies to be appealed to, but as indicating the direction in which thought should turn.

In searching for a vegetable neurotic which would probably have the desired effect, I concluded that gelsemium, from the relief which it occasionally gives in spasmodic asthma, and in certain cases of neuralgia of the fifth pair, would possibly act as a nervous sedative on the skin. The physiological action of gelsemium is described as causing, among other symptoms, a sensation of numbness of the skin and a certain general languor or relaxation of the muscles. I have, accordingly, prescribed it for a considerable number of persons during the past two or three years, mainly those suffering from eczema, and am prepared to advise its use as an adjuvant for the relief of itching in certain cases. It must not be expected that it will always act efficiently, for it has failed in certain cases; though I can not tell under exactly what conditions it will succeed or not. The cases have been only in adults, and I should hardly yet be willing to give it to children or to those who were not able to watch its effects by their personal feelings in other respects than the itching. I have generally told the patients to take it in increasing doses, repeated every half hour or every hour, until the pruritus was relieved, or until some of the unpleasant symptoms were experienced. The physiological effects of the drug may be judged from the following:—" A physician subject to supra-orbital neuralgia found that the tincture, gradually increased in dose, produced in him a very agreeable sense of languor and tranquillity, then slight dizziness, impairment of vision, and drooping of the eyelids; a feeling of numbness beginning in the scalp, and gradually extending to the upper and then to the lower extremities, followed by impaired motility, embarrassment of the respiration, and enfeeblement of the heart's

action. A still larger dose intensified all these effects, produced marked vertigo, almost total blindness, and decided ptosis." The smallest fatal dose, in the adult, is reported as two drachms of the fluid extract, and twenty-one drops of the same is recorded as the smallest fatal dose in children. It is also stated that small doses have sometimes produced alarming symptoms, although this appears to be very rare, and I have never known such in any of the cases in which I have prescribed it, nor among those of my household, to whom I have frequently given it for toothache. I have employed it in my office to give relief to a paroxysm of itching in eczema, and have questioned for unpleasant symptoms, but have failed to find them. Thus far I have always employed the tincture, although the fluid extract appears to be more commonly used. From three to ten minims is stated as a medium dose of the fluid extract, repeated every two or three hours until some of the characteristic physiological symptoms are produced. In most of my cases I have begun with ten drops of the tincture, and, if in half an hour there was no apparent effect in relief of the itching, and none of the languor, I have had the remedy repeated in somewhat larger doses, as twelve or fifteen drops, and so on, until the results were obtained, or until a drachm or so had been taken in two hours. I have never pushed it to any of the more severe symptoms, and have often found at least some measure of relief after the first or second dose.

The sensations described by patients correspond considerably to those quoted above from the physician who took the remedy to the degree of producing its physiological effects. I believe that most of the patients have taken it mainly at night, and I usually direct that the dose shall be prepared and taken immediately before going to bed. One lady, who had suffered intolerably from eczema of the genitals for a long time, combined at times with some eruption elsewhere, on whom chloral and the bromides had lost all soothing effect, and who obtained perfect rest from gelsemium, described the sensations fully. She expressed the feeling to be as of a wave passing over her first, with a thrill, as if something were circulating through the blood

to every portion of the body, and then a sense of quiet or ease followed immediately, with an indisposition to move. There was no unpleasant sensation, absolutely no effect upon the mind, but she wanted to sleep from the relief which was obtained, and the sleep was spoken of as "delicious." In this instance the itching was largely confined to the genital region, deep in, and depended in part upon ulcerative disease, which was afterward found on the cervix uteri. The gelsemium was used by her with most excellent effects for a considerable period of time. Other cases might be mentioned in detail, but, as the subject would not be rendered clearer thereby, they are omitted.—*L. D. Bulkley, M.D., in New York Medical Journal.*

The Peritoneal Transfusion of Blood BY PONFICK'S METHOD.—The well-known experiments of Ponfick have conclusively shown that blood may be allowed to flow into the abdominal cavity without causing unpleasant symptoms, and that it will be absorbed from the peritoneal surface and thus enter the system. In the few recorded instances, where this method has been tested in the light of a life-saving or life-prolonging measure in the human being, the actual results have justified or even exceeded the anticipations of the operators. Of course the immediate benefits of vascular transfusion are sufficiently evident from the fact of its more rapid action, so that in acute cases the older method will probably not be supplanted by the more recent one. Yet, even here the danger may possibly be tided over by invoking the aid of auto-transfusion, and then, in the lull after the momentary crisis, proceeding to perform peritoneal transfusion. Dr. Kaczorowski (*Deut med. Wochenschrift*, November 13, 1880) has reported five new cases, which are well calculated to illustrate the good results obtainable by abdominal transfusion. In one of the five which he gives, some tenderness at the sight of injection was noticeable for several days after the operation. But in the other four it was exceedingly well borne, and in all instances a marked improvement of the patient's condition was observed.

Such encouraging results will not fail to stimulate the profession to future trials. One very apparent advantage of the

new method is its great simplicity. For the performance of this simple manipulation there is required neither surgical skill nor a special apparatus. Any ordinary appliance for piercing abdominal walls, and injecting a sufficient amount of fluid, will answer for the purpose in hand. Of course we would not be understood as indiscriminately advocating the adoption of this method, nor would we wish to see intravascular transfusion banished from grace by this new-comer. Nevertheless, the latter may be tried in what appear to be suitable cases, when its proper sphere of utility will doubtless soon be discovered. From a consideration of the cases hitherto reported it would appear to be specially indicated in those prolonged febrile affections, where cardiac failure from insufficient blood supply is a dreaded consummation. Intractable chronic anæmia seems to furnish another indication for its employment. And certainly if future experience should continue to bear testimony to the innocuousness of the measure, the conditions justifying the performance of the operation will speedily increase in number. Finally, as regards the technique of the manipulation, it may be stated that a curved trocar was plunged into the abdominal cavity by the linea alba, and the defibrinated blood (on the average about one pound and a third) allowed to flow in by means of a rubber tube connected with a glass funnel.—*New York Medical Record.*

"Fort mit dem Spray!"—Fort mit dem Spray!—Away with the Spray!—is the title of an interesting clinical lecture by Professor von Bruns of Tubingen (*Med. Times & Gazette*). There are now many earnest believers in so-called antiseptic surgery—that is, Listerism—who are beginning to ask whether the spray is really a necessary part of a thoroughly antiseptic system of dressing wounds. There can be little doubt that most surgeons would gladly dispense with it if it could be shown to be superfluous, for it materially interferes with their personal comfort, as well as that of any lookers on; then, again, the steam spray-producers are articles of considerable cost, not only to purchase at the outset, but to keep in efficient working order afterward. Nor are they entirely free from the danger attending all

other steam-engines ; and, lastly, they involve loss of time. Thus for many and varied reasons, though all of very secondary consideration, the suppression of the spray would be a gain, provided a thorough system of antiseptics could be secured without its help. Dr. von Brun recognizes that the use of the spray as a necessary part of any complete system of antiseptic treatment of wounds is allowed by most operating surgeons, whether the spray be carbolic acid, thymol, or other substance ; while some go so far as to consider that even a momentary intermittence during an operation is sufficient to nullify an otherwise accurate carrying out of the plan. But he confesses that from the very commencement of the Listerian method he had always felt skeptical as to the value of and necessity for the carbolic spray, and it was only with reluctance he could decide on its systematic use at his operations. He was led, however, to adopt it by the desire to avoid unmerited reproaches for withholding from his clinic what is considered so important, rather than by any belief in the utility of the carbolic spray. On the contrary, his doubts as to the all-sufficiency of the spray had, in the course of time, gradually grown stronger, until, he says, as the result of careful study of the natural science of the subject—and more especially of the work of C. von Nägeli, one of the best authorities in this matter—he had come to the conclusion that the employment and need of the spray during operations have not been sufficiently justified ; and indeed that its use, from a theoretical view must be considered as an unnecessary addition to the antiseptic treatment of wounds. " In proportion," he tells us, " as this idea gained upon me I endeavored by experience, and apart from all theory, to test the value or the worthlessness of the spray ; and to this end, in the course of the year 1878, I performed a gradually increasing number of operations without the spray, which I published in 1879. Since this time, and especially since the spring of 1879, I have entirely banished the spray-producer from my wards, doing both my operations and dressings without it, and experience has confirmed my views entirely. The result of all published major operations, undertaken elsewhere *with* the spray, and here *without* it, not only as regards mortality, but also course and

duration of the healing process, has proved more durable in this than in any other hospital. The results are so substantial that they warrant the following assertion: The carbolic spray in surgical operations is not only useless and unnecessary, but also disagreeable and productive of interruption—it should therefore be abolished."

Von Bruns expresses a consciousness that the above assertion will at the present time be considered very heretical, and he reserves its complete substantiation for a new work on the antiseptic method as practiced in his wards, which will shortly appear. But he now presents the following brief statements, which he considers contain sufficient material proof of the correctness of the first part of the above dictum for his present purpose. For the second part of this dictum no especial proof will be necessary; for most surgeons who admit that the first part is proved will probably accept the second without further proof.

"Figures," von Brun says, "will be necessary to prove the correctness of my assertion that the spray can be safely left off. Therefore, let the results of my clinical wards speak. They are large enough and extend over a sufficient length of time to allow even those who differ from me to accept them. I will only speak of osteotomies of the long bones, exarticulations, resections and amputations. These operations not only form a well-defined group in themselves, and are everywhere carried out under the carbolic spray, but they constitute the class of cases which formerly contributed so large a proportion of the hospital mortality through the so-called wound-diseases—pyæmia, septicæmia and erysipelas. I will just remark further, that *instead* of the spray I employ temporary irrigation—lasting a few seconds only—with a two per cent and a five per cent carbolic solution several times during any long operation, and at the termination of short operations. In addition to this I wash the whole wound-surface with the five per cent solution at the completion of the operation; and in the case of amputations, after the drainage-tubes are put in, I wash out the wound through the tubes with the same solution if there should appear to be any bleeding. The same applies to the dressing of wounds after an operation—I simply use a two per

cent solution for irrigation. In all other respects the antiseptic method is most carefully carried out."

He lays especial weight on changing the dressings as seldom as possible. Thus after amputation, for instance, the first change of dressing, as a rule, is made on the eighth to the twelfth day. In two cases of complete resection of the knee the first dressing was not changed for twenty-eight days, and in two others thirty days elapsed before changing dressing. The following statistics are given in support of the opinion expressed:—Forty-seven large amputations (limbs), including twelve of the thigh and fifteen small ones (fingers and toes)—in all sixty-two cases; ten osteotomies; twenty-six excisions of joints, including two hip-joints and twelve knees; thirteen resections in the continuity of bone; and thirty-three necrosis operations. Thus there were one hundred and forty-four operations involving bone. Not one of the cases had a fatal result. Many other minor operations were performed in the wards during the same period, but they are not included. Total number of patients in the wards during this period was one thousand one hundred and seventy-five, and the total mortality from all causes was only thirty-six, which gives about three per cent. There was not a single death from pyæmia or septicæmia or erysipelas. These figures certainly ought to be considered sufficient to prove that the spray is not always necessary either during an operation or after-dressings which it may necessitate. "For myself at least," says the learned professor, "and I hope for every one who is not prejudiced, in view of the above facts, there can be doubt of the inutility of the spray, and I consider myself fully justified in using the dictum at the heading of this lecture—'Fort mit dem Spray!'"—(*Berlin Klin Wochensche*)—*Louisville Med. News.*

Enteric Fever without Lesion of Peyer's Patches.—Dr. J. W. Moore, at a late session of the Dublin Pathological Society, showed the lungs and intestines of a young woman, aged 22 years, who unfortunately caught typhus in the hospital when convalescing from a mild but undoubted attack of enteric fever, and whose death was caused on the twelfth day of typhus, and the forty-sixth day from the

commencement of the enteric fever, by an intercurrent attack of croupous pneumonia affecting the right apex. The enteric fever was characterized by a typical range of temperature, moderate ochrey diarrhœa, marked splenic enlargement, an abundant crop of *taches bleuâtres* across the back, and a few rose spots. The fever subsided gradually; a temporary intermission, on the twenty-fourth day, being followed by a moderate recrudescence, lasting until the thirty-second day. On the thirty-fifth day the temperature rose abruptly, and within sixty hours an eruption of maculæ appeared. On the forty-third day (the tenth day of typhus), a pneumonia of the right apex showed itself, which proved fatal in about seventy-two hours. The *post-mortem* appearances were, briefly, typical croupous pneumonia of the right apex, very considerable enlargement of the spleen, which was in a state of putrilage. Peyer's patches were indistinct, and apparently perfectly healthy. There was no "shaven-beard" appearance, nor any trace of recent cicatrization. The case illustrated the doctrine of the essential nature of enteric fever, and of the inconstancy of its secondary intestinal lesions.—*Med. & Surg. Reproter.*

Prof. Esmarch's Antiseptic Methods.—Mr. Little, a London surgeon, who lately visited Esmarch's hospital, at Kiel, contributes to the *Medical Press and Circular*, December 1st, a description of what he saw there. We make the following extract, as of general interest:—

The most noticeable feature is the success achieved by Prof. Esmarch under the system of infrequent antiseptic dressing, it being a by no means uncommon event for the first application to be left undisturbed for a month, and thus one of the objections to the antiseptic method, viz., its expense, is removed. In all cases the temperature is carefully watched, and the exterior of the dressings examined daily. On the slightest sign of discharge soaking through, or serious rise of temperature, the dressing is removed and reapplied. The temperature of the patients is, as a rule, taken in the rectum, and hence some deduction must be made in comparing the cases with those in which it is taken in

the axilla. The antiseptic method of Lister, or a modification of it, is, wherever practicable, employed. In place of antiseptic gauze, large pads of carbolized jute (enclosed in antiseptic gauze), or of carbolized hydrophil cotton, which readily absorbs discharges, are used, with carbolized varnished paper over all, and starched gauze bandages; protective is not used. The bone drainage tubes invented by Prof. Esmarch's senior assistant, Dr. Neuber, are extensively used; and, indeed, without some such self-removing drain, the dressings could not, in resections and other cases, be left untouched for so long a time as they are left with its help. The tube is kept in its place by being simply transfixed at its outer end with a common safety pin; and when, after two or three weeks, the first dressings are removed, these pins are usually all that remains to show where the decalcified bone tube has been. The tubes, as used here, are quite soft and flexible, not brittle.

The solution of carbolic acid used for the spray is of the strength of one in forty, and it is not thought necessary to have the sprays playing immediately on the wound, but this latter is thoroughly and often washed out with carbolic acid lotion; and in the operating theatre, which is exceptionally well fitted up, two powerful sprays, worked by compressed air, conducted in pipes from the engine-house, are kept going, throwing the pulverized carbolic acid solution over the table and above the heads of the operators.—*Medical and Surgical Reporter.*

Learning Obstetrics at Vienna.—In a letter to the *Philadelphia Medical Times* concerning the Medical School at Vienna, Dr. Robert W. Johnson says: "Few courses humiliate a beginner more than obstetric operations on the cadaver, and few are so satisfactory. The books, so glib about the application of forceps, the simplicity of turning, dwell rightly on the horror of craniotomy; but mere black and white does not impress one with the difficulties in the same way as an endeavor before a watchful instructor to deliver the dead woman, *per vias naturales*, of one of the numerous still-born children that are utilized. The man who takes two courses, at least, on this im-

portant topic, from different assistants, will glean a variety of opinions as well as experience that he will never forget. One thing, however, it is to be hoped, he will never obtain, and that is the alacrity with which students and instructors leave the dead-house for the lying-in room to make examinations with hands imbrued with the blood of the dead, and, it may be, consciences dyed with the blood of the living. I cannot but think that the awful inroads of puerperal fever, and the numerous deaths thereby, arise largely from this criminality in attempting to satisfy the meagre sentiment that foreigners generally have for women by a paltry wash of carbolized water after *post-mortems* on even puerperal subjects. It requires more than a basinful of the 'multitudinous seas, incarnadine,' with permanganate of potash, to rub out the 'damned spot' so acquired, and, God knows, Americans had better stay at home than learn abroad to carry, under the badge of their healing office, desolation to the hearth of a confiding family. Much as I respect these Viennese teachers for their attainments, and the good they have done in advancing obstetrical science, I cannot help look on them as guilty of something near homicide while they permit or advance such criminality." Dr. Johnson speaks in much the same way of the vulgarity and brutality of the instructors in venereal diseases.

The Epidemic of Ergotism in Russia.—This epidemic occurred in the autumn of 1879 in the neighborhood of Novgorod. In the district attacked, an inhospitable climate and a marshy soil were combined with poverty, dirt and general unhealthy conditions among the villagers. Of 19 cases in which the symptoms were strongly marked, four died. In other 16 cases the symptoms were less developed, and probably as many more escaped observation. In these slighter cases the symptoms were diarrhœa (in 70 per cent), weakness, more especially in the hands and feet, occasional attacks of giddiness, headache, sleeplessness, and deadness of the fingers, with formication under the skin. All had, up to their seizure, eaten fresh-ground, unkilned rye, and the symptoms quickly disappeared under the use of laxatives and opiates, and the withdrawal of

bread containing ergot. In the first-mentioned 19 cases, the symptoms were severe ; racking pains in the extremities, severe headache, great thirst and utter prostration, weakness of intellect and melancholia. Tonic and clonic spasms, preceded by dyspnœa, deadness in the extremities, and cold sweats attacked the flexor muscles of the limbs, the extensors being unaffected. The respirations were 14·16; maximum temperature, 99·8°; pulse slow and weak. The fatal cases, an old man and two children in one family, and a woman in another, died, three of them in a comatose condition and one during a convulsive fit. The treatment was as above, with subcutaneous injections of morphia and inhalations of chloroform, followed by tonics and improvement of hygienic conditions. The quantity of ergot present in the rye was about 7 per cent. and two dogs fed with it each showed on the seventh week a gangrenous ulcer on one paw. On the withdrawal of the ergot bread from one dog, recovery followed in two months; while in the other, fed as before, the gangrene advanced, convulsions appeared, and death followed by way of coma in the tenth week. The *post-mortem* appearances were: brain and meninges anæmic, arteries quite empty, veins full of dark fluid blood, heart empty, lungs, liver and spleen hyperæmic, intestinal mucous membrane congested, but neither it nor the liver showing any gangrenous spots such as have been described.—*London Medical Record.*

On restoring the Heart's Action when IT HAS CEASED TO BEAT.—Dr. Reid, in the *British Medical Journal*, writes:—" On reading Dr. Jago's article, it reminded me of an experiment in my college days. I do not remember what induced me to kill a mouse by a blow on the head, and rip it open to see the heart beat. It did not. I pricked it with a needle and set it a-going. It stopped after a time ; then I gave it a second prick, and a few pulsations were distinctly seen. When I was in petticoats, my father was sent for, to a girl in a fit. He was out ; and when he came home, was informed of the fact. ' How long since ? and any second message ?' Being told, he thought he need not go. My mother suggested he 'ought to go,' which he did. He found the girl dressed in

her grave-clothes, and 'laid out' on a linen-covered table. He examined her, and found some warmth over the heart. He ordered hot water to be brought, not scalding hot, and poured it into a jug, tore her shroud open, stood on a chair, and poured a continuous stream of hot water, until the throbbings of the heart were distinctly seen. That girl was the mother of several children before I left Scotland in 1848. My mother used to laugh, and take her share of the credit of her restoration to life. An old man here, Robert Robinson, several years before his death, took a fit, and apparently expired on the floor, where he was lying, pulseless and breathless. The heart had ceased to beat, and I was told that 'he was beyond any doctor's power now.' I felt some warmth over the heart, and tried my father's remedy; and, to the wonder of spectators, the septuagenarian revived, and lived several years afterwards. Hot water can easily be obtained; and no one can object to such an experiment."

Epidemic Orchitis.—Dr. Heller reports the epidemic occurrence of orchitis in a garrison where mumps was at the time a frequent disease. Twenty-nine cases were observed, and of this number twenty-six showed the characteristic symptoms of epidemic orchitis. In only eight cases mumps was ascertained to have preceded the affection of the testicles, and in two cases both diseases were simultaneously developed. The course of the disease was different from gonorrhœal and traumatic orchitis. Marked constitutional disturbances were seen in ten cases. Ten cases were re-examined some months afterward, and five of these showed atrophy of the testicles. In one patient the organ remained tender for a long time, and four years after, the primary affection was fonnd to be reduced to half its normal size, and was even then more sensitive to the touch than the healthy testicle.—*New York Medical Record.*

American Pork.—A large consignment of pork from New York has been seized at Lyons, and its sale for human consumption interdicted, on account of the presence in the meat of trichina spiralis. Microscopical examination of fifty samples, taken from different casks, resulted in the discovery of encysted trichinæ in three—a proportion that, supposing the samples to be representative of the whole consignment, would represent no less than six per cent of the pieces as infected by the parasite. —*Brit. Med. Journal.*

CANADA

Medical and Surgical Journal.

MONTREAL, MARCH, 1881.

A NEW LUNATIC ASYLUM.

For some time past there have been indications of the development of a wide-spread feeling that some change should be made in the present mode of providing for certain of the insane of this Province. For some years past this duty has been relegated by the Provincial Government to a body of nuns, who are the proprietors of the Longue Pointe Asylum. Everything connected therewith is necessarily conducted more or less from an ecclesiastical point of view. This fact and others to our mind of more importance, to which we shall presently refer, have led to discussions amongst the Protestant portion of the community as to how that state of things could best be remedied. They are not satisfied at all with the existing regulations and provisions, and strongly desire, if possible, to initiate such improvements as would allay these feelings of dissatisfaction and give grounds for believing that the supervision and management of these unfortunates were the best that could be desired. This matter of the care of the insane is to every civilized government one of the most important of its self-assumed functions, and the Provincial Legislature can rest assured that it would not be without very good reasons that a large section of our citizens feel themselves called upon to urge revision of the existing plan of carrying out this object and the making of certain alterations therein. On Thursday, the 3rd instant, a public meeting was held in the rooms of the Young Men's Christian Association, presided over by His Lordship the Anglican Bishop of Montreal. The leading clergymen of the various denominations were also present, and a con-

siderable number of prominent citizens. Several addressed the meeting, and explanations were given showing a strong feeling to exist in favour of establishing a separate institution for insane persons belonging to the Protestant religion. From the remarks of some of the speakers, it was learnt that the present movement is only a resuscitated agitation which had been started many years ago, but which, owing to a variety of obstacles, had never been carried to a successful issue. It was thought that the present was a very opportune time, and that the proposition would be likely to meet with much encouragement in the highest quarters. All agreed that, as far as they knew, the inmates were treated with kindness, humanity and consideration, but the clergy were unanimous in saying that the regulations now in force concerning their visits and ministrations could not meet with their approval, and, in their opinion, some very radical change was called for in the interests of those for whom they were expected to care.

Theoretically, we have no hesitation in stating our opinion that, in a lunatic asylum, religious differences should be entirely ignored. We think that the State should itself provide for the care *and treatment* of all those mentally disordered who cannot be suitably managed by their friends. The institution should be State property, and all its appointments should be in the hands of the Government. In such case, therefore, the question of religion would be entirely excluded. But this is not done here, as it is throughout the United States and in our more civilized Province of Ontario. *Our* lunatics are farmed out to the nuns at so much per head per annum. We should, therefore, greatly prefer to see a *general* Lunatic Asylum just as our hospital is a *general* Hospital, governed by the State and managed by lay officials, directly appointed by the former. This is what should be ; but, unfortunately, it is almost Utopian to expect that in this province, with the overshadowing influence of the large clerical congregations, it ever will be. The Protestant minority, therefore, feel that they do well to ask for a separate establishment—an establishment in which their co-religionists who are mentally afflicted may receive such attendance and such treat-

ment as will best conduce to their restoration to health. The readers of this journal know our views on this subject. We do not believe that at present scientific management or treatment (as perfectly understood at the present day) is carried out at all; and it was a satisfaction to find that at the meeting similar statements were made by Dr. F. W. Campbell, Mr. Perry and others, who are quite able to speak from their own knowledge of the facts. We regret the necessity which compels a resort to the idea of instituting a separate management on religious grounds, but it is quite evident that a strong feeling exists in favour of so doing. An influential committee was named to consider the entire matter and establish the most feasible plan of procedure. We strongly support the movement, and hope there will be found enough public spirit to enable it to be successfully carried to completion. Our support is accorded from the apparent impossibility of making any impression upon the present managers of the Asylum, and therefore the hopelessness of ever expecting that things there will be better in the future than they have been in the past; whilst on the contrary it might be confidently hoped that if a separate institution such as proposed were granted by the Government, we might yet see a properly conducted asylum in this province, where the medical treatment and management of the inmates would command the confidence and challenge the scrutiny of the public.

DEATH UNDER ETHER.—We are indebted to Dr. A. Woolverton for the particulars of the following case:—

"A case of death *under*, but not *from*, ether occurred here (in Hamilton) a short time since. A young man had necrosis of shaft of femur for four or five years, and the constant suppuration had caused amyloid degeneration of kidneys. The femur was enormously enlarged and great swelling of the surrounding tissues. It was decided to amputate. I was asked to give chloroform, but objected on account of the kidney trouble, and because I found the first sound of the heart very weak. Squibbs' ether was procured and administered, and the thigh amputated, when signs of death from failure of the heart's action set in;

pallor, a weak and irregular pulse, and he gradually sank and died on the operating table just after the operation was completed. Very little blood was lost."

The above is of value in the present stage of the discussion on the comparative safety of anæsthetics. Had chloroform been used, it might have been accused of the result, and the superior safety of ether been appealed to. In this case it is probable that the result would have been the same with *any* anæsthetic.

EXPLANATION.—It is but right to say that Dr. Austin of Sherbrooke has satisfactorily explained the circumstances connected with a case of fever to which we alluded in some remarks at the time of the second outbreak. Our information had been that the boy was delirious before the parents reached the school. This, the doctor tells us, is incorrect—that delirium did not occur till some time after, and, moreover, that intimation was conveyed to the friends as soon as reasonable certainty was felt as to the nature of the disease. We know how difficult it is always to receive thoroughly reliable information in matters of this kind, and it is therefore only justice to the physician of the school to make this explanation.

—Dr. Imrie, House Surgeon, Montreal General Hospital, who has been suffering from a very dangerous attack of periostitis, affecting the bones of the left fore-arm, caused by a poisoned wound, is, we are happy to state, convalescing. It is confidently hoped that the usefulness of the hand will be only slightly, if at all impaired.

Obituary.

It is with feelings of sincere regret that we have to announce the death, from consumption, of Dr. R. F. Godfrey, which took place on the 24th February. He had been in weak health for some time, and had spent a considerable time in the highlands of Colorado, but without any great benefit. Dr. Godfrey was a graduate of Bishop's College, and also a member of the Royal College of Surgeons, England.

Medical Items.

—Mr. Lister has received from the Royal Society the Royal medal in recognition of his services to surgery and physiology.

—The University Hospital at Philadelphia has been given the sum of $50,000, with which to erect a new wing for incurables in connection with the hospital.

—The following gentlemen have been elected office-bearers for the ensuing year of the Hamilton Medical & Surgical Society: President, Dr. A. Woolverton; Vice-President, Dr. H. Ridley; Secretary-Treasurer, Dr. E. G. Kittson.

—Dr. J. Fulton, editor of the *Canada Lancet*, has been appointed Professor of Surgery in Trinity Medical College, in the place of Dr. Bethune, resigned.

—Dr. Wm. Osler, M.R.C.P., Lond., Prof. of the Institutes of Medicine in McGill University, has been elected an honorary member of the Toronto Medical Society.

—It is stated that Bonchut of Paris has recently found that in a number of cases of diphtheria, a careful counting of the blood corpuscles showed an acute leucocythemia. The observations were daily in over a hundred cases, and with convalescence, the natural composition of the blood was regained.

CURIOUS.—Dr. Whittaker stated at a recent meeting of the Academy of Medicine, as reported by the *Cincinnati Lancet & Clinic*, that he had "on several occasions diagnosticated syphilis by the peculiar semi-contracted state of the right biceps. It was this half-way condition that characterizes syphilitic nerve-lesions anyhow."

ONTARIO MEDICAL ASSOCIATION.—A meeting of delegates from Hamilton and Toronto recently met in the latter city, and arranged the preliminaries for the first meeting of the Ontario Medical Association. It will take place at Toronto on Wednesday, June 1st, of this year. The proposed organization seems to have been received with much enthusiasm throughout the Province.

A SENATOR.—It is rumored that Dr. Grant of Ottawa is about to be called to the Senate. We should be glad if this were done. Dr. Grant is a public-spirited member of the profession, and has always taken great interest in all matters connected with public health. As it is certain that sanitary laws will occupy the attention of the Legislature in the immediate future, the presence of such men in both its branches is extremely desirable.

QUACKS IN THE RELIGIOUS PRESS.—A good deal is being said in the American papers of the license allowed quacks of advertising in the professedly religious papers. One would think that the impropriety of such a proceeding would be self-evident, but the editors brazenly defend it. The New York *Medical Record* justly says :—"While these Christian men are supposed to be sowing the good seed, they are being paid by the enemy to allow the sowing of tares also. But, unlike the enemy in the parable who came by night, the quack walks in broad daylight in company with the sower himself, and with his free permission plies his damnable trade."

TENNYSON.—Much indignation has been expressed at the description by the poet Laureate of a physician to the children's hospital in his latest volume of poems. He describes this very objectionable being as possessed of "coarse red hair, big face, big chest, big merciless hand, happier in using the knife than in trying to save the limb." The *British Medical Journal* says :—"Not only does he hold up this type as that of the surgeon in the children's hospital, but he endorses it by adding:

> That I can well believe ; for he looked so coarse and so red,
> I could think he was one of those who would break their jests on the dead,
> And mangle the living dog that had loved him, and fawned at his knee,
> Drench'd with the hellish oorali—that ever such things should be.

A verse more ungenerously contrived to insult a profession, and to hold up to execration a class who, more than any other, have devoted their lives to the service of humanity, and their labours to its solace, was never written. Medical men will feel bitterly the insult which is offered, and the injustice which has been done ;

but, fortunately, their work and their character speaks for itself, as it has spoken through centuries; and not even the angry words of one of the most accomplished of modern poets will do more than raise a passing feeling of pain and bitter regret that the character and motive of medical work should be so shockingly misrepresented."

WM. WARNER & Co.'s PILLS.—It is of importance that medicines should be administered in as small a compass and in a form as palatable as possible. We have been using Warner & Co.'s Sugar-coated Pills for some years now, and have never been disappointed in securing the effects, which might justly be expected from the drugs used in their compounding. Besides the ordinary pills manufactured by this firm, they have also introduced the *Parvules*, consisting generally of alkaloids and active principles, made into small granules. *Ingluvin*, a specialty of this firm, is very much lauded, and justly so, in the treatment of the vomiting of pregnancy. It is also largely used in dyspepsia, acting well where preparations of pepsin have failed.

DR. MCARTHUR'S SYRUP OF THE HYPOPHOSPHITES.—This preparation is coming more and more into use every day in the treatment of wasting and debilitating diseases. In overwork of body and mind it generally acts very satisfactorily, restoring tone to the system generally. Dr. McArthur has, at the request of many physicians, manufactured a Syrup of Hypophosphite of Lime alone, and also of Soda alone, to be used in cases where the combination of the two did not seem to be called for. This syrup is now placed within the reach of every practitioner, and we have no hesitation in stating our opinion that it is an efficient remedy.

EDDE CROSS HOUSE, ROSS.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system, with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M.B., F.R.C.S.

MARCH 8, 1879.

CANADA

MEDICAL & SURGICAL JOURNAL

APRIL, 1881.

Original Communications.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS.

By R. P. HOWARD, M.D., L.R.C.P., Lond., &c.
Professor Practice of Medicine, McGill University.

Gentlemen Graduates in Medicine,—It is my agreeable duty to give expression to the final words which the Medical Faculty of this University wish to say to you after a four years' relationship of teacher and pupil. Would that I were capable of saying something worthy of them and of you. And first let me congratulate you upon having this day attained the just reward of your diligence and application—the degree in Medicine of this University. What it represents of work in the lecture-room, in the dissecting-room, in the laboratory, in the wards of the hospitals, and in your own chambers, is known best to yourselves and to your teachers. In the pleasure you are now deriving from a retrospect of the work you have done as undergraduates, your teachers heartily participate, and are glad publicly to testify to the character as well as to the amount of the work performed. Need I remind you that notwithstanding the testamur of your *Alma Mater* just given as to your fitness to practise the medical art, your studies are not completed—they are only well begun. I admit that the medical graduate of the present day has a more general and extensive acquaintance with the several departments of knowledge that appertain to medical science than his predecessors of 20 or 30 years ago. Nevertheless, he has but laid

the foundation, and must continue to place upon it bricks or stones in the shape of new facts and ideas, and cement them firmly with the mortar of reflection and experience. When practitioners cease to be students, they usually begin to fall out of the line of march, and they cannot hope to occupy the front ranks.

Do you ask what studies are we to pursue? First, practical ones, as contained in nature's book. Hitherto your teachers have been interpreters of nature for you. In future, you must converse with her and translate her language, and study her features for yourselves. Let every patient you see in the private chamber or in the hospital ward be a subject of the closest study. Test the teachings of your masters on living specimens of disease, and if exact and patient in your investigations, you will frequently confirm those teachings, many times refute them, and more frequently enlarge them. But, remember, nature is a jealous and coy maiden. If you would find out her secrets and gain her confidence, you must be devoted as well as constant suitors. No sacrifice of time or money, or pleasure or personal comfort must be considered too great in her service.

In recording what you have observed in nature's book, be painstaking, accurate, and truthful. Neither exaggerate nor extenuate. It is to be feared that many gross errors and numerous obstacles to the advance of the science and practice of medicine have arisen from careless and imperfect observation and untruthful recording of facts. Beware of supporting a pet theory by biassed observation. Study, also, the *writings* of authorities in medical and its collateral sciences. Lay aside mere text-books and read for yourselves the originals, whence the often heterogenous and not unfrequently incongruous aggregations of facts and opinions contained in such books have been taken. The works of Sydenham, John Hunter, Alison, Paget, Billroth and Bright, of Latham, Stokes, Simon, Jaccoud, Niemeyer, and Charcot, and treatises upon special subjects, may now replace your *vade-mecums* and text-books. These and others of their class should now be carefully read. In the earlier years of your career you will have ample time for reading. Do it systematically—observe some plan. Mark out special subjects for serious study.

Endeavour to enlarge your knowledge of general pathology and of those departments of medical science which you may have had but little opportunity of becoming acquainted with at college.

Read, also, some of the leading periodicals regularly. In no other way can you hope to keep nearly abreast of the knowledge of the day. So numerous and so industrious are the workers in the medical and other sciences in our time, that new facts and opinions are being daily announced, and the newest book upon any subject scarcely contains the latest contributions to that subject. Study, also, *living men*—masters in the science or art of medicine. Such of you as can afford to visit the celebrated schools of Europe should do so. Sufficiently informed as you now are to be cognizant of what you most need to further fit you for the great work of your lives, you cannot fail to profit much from mental contact and intercourse with the great teachers and practitioners to be found in the centres of learning in Europe. Apart from the higher estimate of the nobility of our calling and of the capabilities of our art—apart from the aspirations that must arise and the resolutions that must be enkindled within you by the daily example and instruction of such men, the opportunities afforded at these renowned centres of studying special departments of practical medicine under highly qualified experts cannot be over-estimated. It is a privilege, moreover, not to be lightly esteemed, to study disease or its treatment under a Jenner, a Paget, a Lister, a Hutchinson, a Wilks, a Jaccoud, a Péan, a Charcot, a Virchow, a Cohnheim, a Traube, a Frerichs. Whatever your motives may have been in selecting the practice of medicine as your life employment, you are to be congratulated on having the good fortune to join the medical profession at the present time. The investigating spirit of the age is as active in medical as in any other department of science, and she never had as many able and earnest votaries in her ranks endeavouring to solve the when, the why, and the how of physiological and pathological life, and the prevention and cure of disease. And this unceasing searching after light has been eminently successful in contributing new and valuable facts, and often quite unexpected revelations in most of the branches of medical science

and art. Now this increasing mental activity, manifested in a disregard for authority, in a questioning of generally accepted opinions, and in a seeking after more light and more reliable evidence, is accompanied too generally by an unfortunate desire to publish and propagate new opinions or supposed discoveries in science and art before they have become established facts; and while many valuable additions to actual knowledge, and many suggestions that bear good fruit are thus made, the serious responsibility is, at the same time, laid upon medical men, not alone of acquainting themselves with the new views and the alleged discoveries, but of finding the true among the new, and of refuting the false which may also be harmful.

But, gentlemen, there are other responsibilities assumed by you to-day in receiving the degree of M.D. of this University and becoming members of the medical profession, and of some of them permit me to speak. Your *Alma Mater* this day introduces you to the world as her sons; she entrusts her reputation to your keeping, and she will be largely judged of by the qualifications and deportment of her alumni. It will rest with you, in common with her other children, to extend her influence, maintain her prestige, nay, increase her reputation. She glories, not in her chartered privileges, her buildings and material appliances, but in her graduates—the memories and work of those gone, the character, acquirements and useful career of those living. You bear her name, render it more than ever esteemed by your attainments, your self-respect, your gentlemanly conduct and your large-mindedness.

Of your responsibilities to the State and to society, time will not allow much to be said. As loyal citizens, it is your duty to use your influence in procuring the enactment of laws that shall protect the lives and property of your fellow-subjects. But as *physicians*, it is your special province to force upon the attention of the people and their representatives the imperious necessity of careful legislation in the interests of State medicine, and especially of Sanitary Science. Use your influence with the representatives and people of your respective neighbourhoods to have established in our Dominion a Board of Health for each Province

and a Central Board at Ottawa. If the medical men who have seats in the Federal and Provincial Legislatures would earnestly ventilate and advocate in the Commons and the Senate questions of vital statistics, registration of diseases, central and provincial boards of health, etc., we should very soon have them carried. Public health must yet constitute an important department of State, when peoples and governments realize that the prevention of disease is at least as important a duty of government as the protection of property. As members of society, endeavour to play your part in a manner worthy of the body to which you belong. Take a personal interest in the important questions and movements of the day, whether political or social, religious or secular. You are citizens as well as physicians. It is very creditable to the medical men of Canada that it cannot be said of them, as it has lately been of their brethren in the mother country, that by not offering themselves for parliament they "exhibit great narrowness of mind and want of sympathy with general, social and political questions." In our country many medical men are found devoting their time and abilities to legislation in the Senate and Commons of the Dominion and of its several Provinces. The Lieutenant-Governor of Quebec, the President of the Council of the same Province, the Minister of Railways in the Federal Government, are all physicians. Whether discharging the duties of members of parliament, if such shall be the lot of any of you, or the not less useful functions of physicians, bear constantly in mind that you are members of a profession *primarily* devoted to the *treatment* of disease, but which, in harmony with its genius, charges itself with the duty of informing society how to *prevent* and *guard against* disease.

To the *profession*, of which you have this day become members, you have many responsibilities, only some of which can be alluded to now. Medicine is one of the learned professions, and certainly, when one recalls the many departments of natural science comprised in its curriculum, it truly deserves the title. Set out in your career, then, with the determination to be versed in knowledge—general as well as medical. It is also called a *liberal* profession—that is, its members are required to avoid

whatever is mean or low, and conduct themselves as gentlemen, to be generous in their services and gifts, to avoid narrow-mindedness and allow of freedom of opinion, to be catholic in the discharge of professional duties irrespective of religion, rank or race. It is your duty, also, to co-operate with others in guarding the interests and maintaining the reputation of the profession. Become active, working members of the city or district medical societies, and attend as often as you can the annual meetings of the Provincial and the Dominion Medical Associations. A regular attendance at such meetings for mutual instruction will tend to maintain your interest in the science as well as the practice of medicine—will stimulate your industry and promote a taste for the accurate observation and careful recording of the cases daily entrusted to your care. In a sparsely-peopled new country such reunions of men belonging to a profession, the practical duties of which consume so much time that but little is left for reading, afford important opportunities of learning what is being done in the great centres of the world, the various members contributing according to their ability to the common stock. It has been said that "the *formative* factor of our time is the *continual, complete and perfect intermingling of thought.*" No doubt this is true. And in those professions or communities where this factor does not exist, intellectual progress is not made, and arrested growth, degeneracy and death of mind are inevitable. But do not confine your attention to purely professional subjects—(the "*idola specûs*" must prove a stumbling-block.) Enlarge your general knowledge; cultivate literary tastes; store your minds with the thoughts and principles of the great writers of the past and present—they will supply food to strengthen you when weary, counsel and hope when perplexed, motives and courage when desponding, and distraction or amusement when anxious and worried. Music, art, literature, the modern languages—all that is included in the word "culture"—should receive your earnest attention. The reputation of your profession demands it, and your owu success in life will very largely depend upon its possession.

In your relations with your colleagues, be honourable, chari-

table, and friendly. Be modest in proclaiming your own abilities and successes, and careful of the reputation of your brethren. Affect no superior knowledge of the medical art. When succeeding a professional brother in the care of a patient, make no unkind, much less unfair, remarks or insinuations respecting his management of the case. He is not present to defend himself, and his reputation must be sacred while in your keeping. When assisting at a consultation in an obscure or difficult case, take pains to learn all its features and history, and loyally afford all the assistance you can, and thereby discharge the responsibility you have assumed in joining the consultation. Emulate, but do not envy, your successful rivals; and whatever reputation you win, let it be by fair and open competition. Be not one of those

> "Who hopes (his neighbour's worth deprest)
> Pre-eminence himself; and covets hence,
> For his own greatness that another fall.

And what shall be said of your responsibilities to your *patients?* What do they entrust you with? Their personal and family secrets, the reputation and happiness of themselves and those whom they hold dear, their bodily ailments, their mental anxieties and cares, their health, their lives! What other class of men share such confidence—hold so great a trust? The whole man—soul and body—is frequently under the care of the physician. "Who stands so close to the needs of man as you will, to whom in their very direct needs *all* will cling; to whose voice sick hearts will listen as if it were the very voice of God declaring judgment or mercy; the very skirts of whose garments, if only a *heart* beats beneath them, faint hands will be raised to touch? Closest to the very sources of the life of the human soul you will stand; it is the physician's place."—(*Hinton.*) Endeavour to realize those responsibilities. Betray not the confidence imposed in you. Spare no pains to enlarge by close observation and diligent study and constant practice your knowledge of the science and art of medicine. In no other way can you perform your daily professional duties with a good conscience—yet upon no other condition ought you to continue to take charge of the health and lives of your fellow-men. Take a sincere interest in the

sufferings and anxieties of your patients, cultivate gentleness of manner, geniality of spirit, and a sympathizing heart in the discharge of your professional offices. Kind words, cheerful looks, a hopeful, self-reliant bearing, may do more good than any medicine. Be a minister of love, not of fear; console and alleviate when you cannot cure or save. It is not necessary to suggest to gentlemen the strictest reticence respecting the private affairs and the personal and family secrets of their patients. But it will greatly increase the respect and confidence of your friends in you, if you make it a rule not to speak of their maladies, or of their impatience or want of fortitude in sickness, to other persons. Avoid all gossiping about your clients' ailments. A reverent mind speaks not lightly of sacred things. What more sacred than human suffering? Fail not to respect it.

Such are some of your responsibilities, gentlemen, and if I speak not of those you are under to the "Great Physician," it is not that I esteem them of less obligation or importance, but that the occasion is not opportune, nor could I expect you to consider my remarks on such a subject of *ex cathedra* authority. May you all realize Augustine's confession: "Fecisti nos ad Te, Domine, et inquietum est cor nostrum, donec requiescat in Te."

Gentlemen, I have spoken chiefly of your responsibilities, and it is for this reason—that in a due recognition and a faithful discharge of them your future success mainly lies. Set out in your career with a firm resolve to fulfil those responsibilities. Then, although it may not be in your power to command success, it will be to deserve it. Self-respect is a better thing than mere success. Not by violent assaults, nor yet by manœuvring, will you win in the battle of professional life, but by indomitable pluck, by skilful use of your arms, and by steady heroism which will defy all odds. And of this battle be assured. We, your heretofore teachers, now your brothers-in-arms, will be deeply interested spectators. Proud of your achievements, we will condole with you in your occasional defeats, and be always ready to rally to your aid when the fortunes of war threaten you.

Finally, companions-in-arms, may you in the autumn of your lives enjoy the respect and material reward earned by an upright

and honourable career—may you have the inward consciousness of duty faithfully discharged—and may your work, when near its end, receive the approbation of God.

A VISIT TO THE LAZARETTO, A LEPER INFIRMARY AT TRACADIE, NEW BRUNSWICK.

By W. H. THORNTON, B.A.

(Read before the McGill Medical Society.)

During last July I was in the neighbourhood of Chatham, and having heard of the existence of leprosy at Tracadie, determined to visit that place. The village of Tracadie is situated on the shore of the Gulf of St. Lawrence, just north of the estuary of the Miramichi, and about fifty-six miles from Chatham. It lies between the two Tracadie rivers which flow into the Gulf close to it; a large quantity of lumber is annually brought down them. The land gradually rises from the shore, thus forming drainage and preventing swamps. The soil, too, is of a sandy character, and being rich, supports good crops, though much neglected. The people are Acadians; they seem well-made, healthy, and have a well-to-do look. As far as I could make out, they seemed much better off than the average of the French-Canadians, more especially those that live by fishing. Tracadie lies in the centre of the leprous district, which may be roughly described as that peninsula bounded on the north by the Bay Chaleur, on the south by the Miramichi river, and on the east by the Gulf of St. Lawrence.

The lazaretto is situated on a point, and thus partly isolated. It is a long, low, story-and-a-half building. The nuns' quarters are at one end. They take care of the lepers, and have complete charge, since there is no doctor attached to the lazaretto, nor even any in Tracadie, the nearest being at Chatham. The rest of the building is devoted to the lepers, the men being below and the women up-stairs. The men's quarters consist of two rooms, each about 30 feet square and 10 feet high, one room serving as a dormitory, the other as a living room. The women's rooms are above these, but being in the attics, are not quite so large. The whole place was scrupulously clean. The lazaretto was

supported by the Provincial Government, but I believe it has this year been handed over to the Dominion Government.

The lazaretto was first built in 1844 on Sheldrake Island, in the Miramichi, and as the disease was then believed to be contagious, the commissioners were empowered to separate the lepers and confine them in the lazaretto. This regulation gave rise to great discontent. The lazaretto was burnt down some time between the years 1848-9, and rebuilt at Tracadie in 1849.

There were at the time of my visit eight women and seven men in the lazaretto; but before proceeding to describe the cases, I would like to apologise beforehand for what will be a very imperfect report, owing principally to three causes—the great reluctance of the patients to being examined, the short time at my disposal, and the fact that most being French, the questions and answers had to be interpreted for me by one of the nuns. The following are short accounts of some of the cases:—

Charles Como, 19 years old, of medium height, fairly well formed, but slight. The Comos are a well-known leprous family. He has been two years in the hospital, but was in a bad state when admitted. He is a very repulsive-looking object, the skin of his face being swollen, soft, puffy, intersected by innumerable fine wrinkles, resembling, but on an exaggerated scale, the skin on the back of the hand, and of a curious dusky-brown colour, the tint somewhat resembling that of a bronze cent, though not so dark. This brown and puffy state of the skin extends to the roots of the hair. His nose is partly destroyed, the lip having almost completely disappeared, but the alæ are not so much destroyed, exposing the anterior nares; the bridge is much flattened. His lips are thick, swollen and protruded. On the face and lips are numerous rounded tubercles about the size of a pea; they move freely with the skin, and are moderately firm; they have not a sharply-defined outline, but shade into the surrounding tissue. The nuns stated that these tubercles frequently break, rarely, however, spontaneously, but usually from some slight scratch, and after discharging a watery fluid, heal readily. His eyebrows were gone, and he was unable to shut his eyes. His tongue was raw and swollen, and he breathed noisily and spoke

hoarsely, the tone of his voice resembling that of a person suffering from ulceration of larynx. His hands presented the same appearance as his face, being brown, puffy, and covered with tubercles; the palms, however, had a scabby and glazed look. The second and third fingers of the left hand diverge, but are not bent; the third and fourth fingers of the right hand are bent, and there was a crack at the joint of the fourth. He feels a little with his hands.

Paschal Ovis, 21 years old, a fine, strong, well-made man, with blue eyes and brown hair, and a heavy beard and moustache. He is of leprous descent on both sides. His face and hands are bronzed and puffy, like the preceding case, but the appearances are not so marked. There are no tubercles present. The dark skin extends almost to the roots of the hair, where the skin is natural, the line of demarkation being sharp. The tongue is a little red at the tip, and he complains of his throat being sore. His hands are hot, and on the palms the skin seems dry. His fingers are tapering, with well-formed nails. The skin of his arm is natural, with the exception of a few small, ill-defined spots.

Elize Magrau, 28 years old, a dwarf, not being over 4 feet 3 inches in height, with a huge head and dark hair. Her grandmother was a leper. Her face and hands have the same brown and puffy look, and there are many tubercles on her face. The brown skin extends some distance into the scalp, but it seems to make no difference to the hair, which is abundant. Her eyebrows are gone and the eyes are suffused; lips prominent; tongue raw; breathing loud, voice harsh and husky. Her hands (and feet also they told me) were covered with tubercles; the nails short and brittle. She is able to distinguish between hot and cold bodies. I pinched her hand, and she did not seem to mind. The nuns stated that in these bronze-skinned cases the throat seemed much affected, and the least thing seemed to choke them.

Lucile Sognée, aged 26, hair and eyes dark, complexion red and florid, of medium height, and looks to be healthy. Her mother was a noted case; her fingers dropped off, but the nuns stated the disease was stayed, and that she is at present alive and in fair health. Her mother's brother and father's sister were lepers

also. Her father, she stated, died of rheumatism. About 12 years ago she noticed a pain in her arm and fingers, and since then her fingers have gradually become crooked. She has been eleven years in the hospital. The fingers of her right hand are greatly flexed at the second joint—that is, the one between the first and second phalanx—and they cannot be straightened. The skin of the first finger has grown down at the flexure of the joint in such a way as to form a band that prevents the finger being straightened. The left hand is not in so bad a state. She is able to move the third and fourth fingers, and to straighten the thumb. There is an open and indolent-looking crack at the flexure of the second joint of the first finger. The granulations did not look unhealthy, only a little indolent. The nuns told me that occasionally a crack forming at the flexure of a joint extends round the joint, and the finger drops off. There were scores of old cracks at all the flexures of the finger joints, and especially across the palms of both hands. The fingers were swollen, and the skin over the joints was thickened. At various places over the hands are the marks of old healed sores, appearing as raised and hardened collosities, rather resembling healed rowing blisters. Her nails were short, thin and broken down, and there were unhealed sores about them. The feet also were affected, the toes being crooked. The nuns stated that some time before, she had had sores on the soles of her feet, from which pieces of bone came away. Both hands and feet alike are anæsthetic. She has repeatedly put them into boiling water, and on the hot stove without knowing it, and has thus received severe burns. She seemed to know when I touched her hand, and even which finger I touched, though this might have been from motion being communicated up the arm; and when I pinched the back of her hand as hard as I could, she did not feel pain from it, or only to a very slight degree. She is unable to shut her eyes completely; the lower lid, which is slightly everted, does not seem to rise to join the upper. The gap thus left is much larger to the inner than to the outer end. When she has to shut her eyes, she turns the eye-ball up, exposing the whole of the eye. The right corner of her mouth is drawn down; the teeth are well-formed. Chest flat.

Judith Arseneau, a large, stout woman, aged about 57 years, has been affected over 25 years. Her fingers and toes are contracted, and the corner of her mouth is drawn down. She is unable to pronounce the P and M, the case resembling that of Lucile Sognée. This case, which I was unfortunately unable to examine, is a very interesting one, the disease lasting over a much longer period than is at all usual. Few lepers attain such an age.

Such is the account of some of the lepers I saw. These cases fall into one of two well-marked groups, which, for convenience of description, I propose calling *Deforming* and *Pigmentary Leprosy*.

The following are the symptoms of the Deforming variety, of which Lucile Sognée is a type: Marked and profound anæsthesia, deformity which in all the cases was limited to flexure and ultimate stiffening of the fingers and toes at the second joint only, the formation of cracks at the flexures of the finger-joints and across the palms, and, later on, mutilation.

The Pigmentary variety, of which Charles Como, Elise Magrau, and Paschal Ovis are good examples: Here the skin of the face, hands and feet are uniformly of a bronze colour, soft, swollen, puffy, and studded with many swellings or tubercles. The mucous membrane of the mouth and throat are affected. Anæsthesia does not seem to be such a marked symptom.

I can say very little about the course of the disease, and what little I can say is gathered from the nuns' statements. During the course of the disease an eruption of small red spots appears, which spots are slightly raised, and remain out for a variable time and then disappear. Before these spots appear, the lepers complain of feeling sick and feverish, with pains in their limbs. These attacks usually last about three or four weeks, and reoccur two or three times during the year, especially in fall and winter. The course of the disease is seemingly from bad to worse; their fingers and toes drop off; occasionally they become blind. The pigmentation, which is at first confined to face, hands and feet, becomes general; their hair and beard falls out. The nuns told me the average duration of life after the first appear-

ance of the disease was from eight to nine years. They rarely die in less than five years, and the greatest prolongation of life was that in the case of Judith Arseneau, now about twenty-five years a leper. I have endeavoured to check this statement. In the first place, of the lepers at present in the lazaretto, one has been ill two years; one, three years; two, four years; one, twelve years; one, thirteen years; and one, twenty-five years—giving an average of nine years illness each; but if we omit Judith Arseneau, whose case is exceptional, the average duration of illness is about six and a half years, which would agree very well with the statement made. Of twenty cases published by Dr. Bayard, the average duration of illness at times observed was about five years. The cases comprised one of ten and another of sixteen years standing. Again, the nuns told me they had been in charge of the lazaretto for twelve years, and the average number of lepers varied from 20 to 24 at first, 25 being the largest number, but that latterly there had only been from fifteen to twenty. During this time there had been fifty-three deaths, which would point to an average duration of life of about five years. This is rather under the nuns' estimate, but since it is probable that the lepers do not come into the lazaretto immediately upon the first manifestation of the diseases, and should we on that account add one or two years to this average, it will bring it fully near the nuns' estimate. The nuns thought that those that were attacked young died sooner than those that were attacked later in life; and that those that had eruptions on their skin live longer than those that had not. The nuns told me there were three modes of death. Generally the lepers died of "consumption." They coughed much, spat up a good deal, and gradually became weak, lost flesh, and wasted away. I inquired if they ever spat blood, and they said not. The pigmented lepers might "choke," and die suddenly; or, lastly, a leper previously in moderate health, might suddenly vomit up a large quantity of matter and die almost immediately.

The lepers receive hardly any treatment. The nuns told me they had tried quinine, arsenic, mercury, iron, and iodides, all of which gave excellent results at first, but after a time had

about as much effect as so much cold water. They gave them chloral when they could not sleep and when they were in pain, and also cough mixtures and gargles. The lazaretto has a nice little, well furnished dispensary. Their diet is the ordinary diet of the country. In summer they get fresh and salt fish, and salt meat; in winter, fresh meat, with potatoes, bread and tea. They are usually in better health in summer. Hebra states that while there is no remedy which has the least specific effect on leprosy, much may be done by judicious treatment. He declares that early removal of the leper from the leprous district to some healthy place is the first and most important thing to be done. He recommends a comfortable dwelling, nourishing diet, tonics, chalybeates, bitters if the appetite is at fault, baths, a due amount of exercise, fit clothing, and suitable local treatment to any ulcers present. He forbids any medicines except those that improve nutrition and digestion, and those used to relieve any prominent symptoms, viz., narcotics, salines, &c. Under this treatment he says the disease often undergoes a change for the better, assumes a milder form, progresses less rapidly, or even when treated early, may perhaps become cured.

According to Dr. Bayard of St. John, N.B., who visited Tracadie in 1849, and whose report can be found in the *Lancet* of that year, the disease first appeared here about 1825, in the person of Ursule, daughter of Anselm and Mary Landré. Ursule was at that time in her forty-third year, and survived nine years. Shortly after, her sisters Isabel and Frances were attacked. Ursule was one of a family of nineteen; the rest of the family were healthy, though some had leprous children. The disease repeatedly appeared among Anselm Landré's descendants. Dr. Bayard saw Mary Landré; she was then over eighty years old and in good health, without the slightest appearance of leprosy. She came to Tracadie from Quebec when she was twelve years old, and knew nothing of her family history. Anselm was dead, but Dr. Bayard saw his brother Remi, who said his father came from St. Malo, in Normandy, a place where leprosy used to exist.

The causes of leprosy are very obscure. It is generally admitted to be an hereditary disease, the disease itself not being

directly transmitted like syphilis, but, like phthisis, a leprous diathesis, constitutional predisposition to the disease is inherited. Although leprosy at first sight seems to be independent of climate, occurring indiscriminately in hot and cold, moist and dry districts, yet, on looking more closely into the matter, it does seem to be developed, or certainly greatly modified, by local condition, for occasionally healthy persons, without any leprous taint, have become lepers after long residence in a leprous district; and, again, lepers leaving their homes have often had their disease much improved, and occasionally even brought to a stand-still, presumably from change of residence.

It is now generally thought that leprosy is not contagious. Let us see how these causes apply to the case of leprosy at Tracadie. The disease, as it now exists, is certainly of strongly hereditary character. All the cases I examined had a well-marked family history of leprosy, though the parents themselves were not necessarily lepers. A leprous child might have healthy parents, and leprous parents might beget healthy children, who might, so far as I could learn, always remain so. Dr. Bayard's cases show the same well-marked family history. Dr. Bayard maintained that leprosy at Tracadie originated in a supposed taint in the children of Anselm Landré. He is unable to say whether Landré had a hereditary taint; he bases all his theory in the fact that Landré came from a place where leprosy formerly existed. Furthermore, Dr. Bayard makes no attempt to trace back all the lepers to a common ancestor. However, I should think a genealogical tree would be a very difficult thing to construct at Tracadie, it being a wise child that knows its own father. But he contents himself by saying that leprosy is confined to a few families who are much intermarried. It is, however, probable that there may have been several people in the settlement who, coming from the same place in France, may have had the same dormant taint. Altogether, there seem many difficulties in adopting a strictly hereditary theory of the origin of this outbreak. The case seems to be not proven. But I do not see that the local causes theory offers a much more plausible solution of the difficulty. Tracadie is hardly the place one would expect leprosy

to develop in *de novo*, as it is well situated, the water is good, the soil fertile, there are no extensive swamps or marshes near it, the people seem very well-to-do for French-Canadians, and the place has an air of prosperity about it. Some maintain that leprosy is induced by a fish diet. If this is the case, why does not leprosy, instead of being confined to such a favoured place as Tracadie, occur all round the shores of the Gulf, where, in many places, the people live almost exclusively on fish, having no farms, and are so wretchedly poor they can hardly keep body and soul together? Altogether, the origin is very obscure, unless we could suppose that some particular leprosy-producing Bacillus is located at Tracadie. Probably the likeliest explanation may be as follows: The disease may depend on some dormant taint which existed not only in Anselm Landré, but probably also in some other heads of families coming from infected districts in France, which taint has been developed and brought into life by the necessary local circumstances, whatever they may be. Further, leprosy does not seem to be contagious. Leprous husbands, even with open sores about their mouths and genitals, have lived with their wives without infecting them, and *vice versâ*. Children have been born and nursed in the lazaretto without taking it; and, lastly, the nuns have been for the last twelve years in charge of the lazaretto, and not one of them has been infected. I may mention that though there is a considerable English-speaking population scattered throughout the district, not one has been the subject of the disease, with the doubtful exception of a well-known prostitute, in whom the disease might very well have been syphilis.

I was unable to get at any definite history of the existence of scrofula or tubercle among the leprous families. As regards the age at which leprosy makes its first appearance, the following are the ages at which it appeared in seven of my cases: 9, 13, 14, 19, 20, 22 and 30; but of Dr. Bayard's twenty-one cases, three were attacked between 6 and 10, three between 11 and 15, three between 16 and 20, one between 21 and 25, five between 26 and 30, four between 31 and 30, and two over 50. Leprosy seems to be a disease of puberty and early adult life.

LONDON LETTER—JOTTINGS ON GYNÆCOLOGY.

By T. W. MILLS, M.D.

The women's out-patient *clinique* at the London Hospital numbers from 40 to 60 patients, and is held twice a week by Dr. Herman; and out of the total attendance each day, there are always a large number of new cases, which are invariably seen by the physician himself, many of the others, requiring no special treatment on each occasion, being attended to in a more routine way by a junior assistant. Severe cases, and those requiring operative procedure, are admitted into the wards, where, I understand, operative gynæcology may be witnessed in considerable perfection; but as I have no intention myself of joining the ranks of that late-born but aggressive specialty—Gynæcology—I have contented myself with observing the investigation and treatment of cases as they have presented in a routine way in the out-patient department, where, however, an amount of care and accuracy has been shown sufficient to illustrate a very important matter—that is, how much can be diagnosed and treated successfully by the ordinary practitioner who will but exercise the necessary patience and care. As these notes are not written for the great and profoundly learned in gynæcology, but for the general practitioner, it may be desirable that the method of interrogation and examination—in short, of investigation of female diseases—be detailed as it is carried out at the London Hospital, where, I have some reason to believe, it is more carefully done than at the special Women's Hospital at Soho Square, where they suffer through a plethora of material. The physician in charge has a book in which notes are kept of *every* case; one patient is admitted at a time, and being seated beside the practitioner's desk, has a series of routine questions put to her. Perhaps it will be instructive to give these interrogations in full. What is the matter? After she has told her story briefly, suppose it be a case suggestive of dysmenorrhœa, such a list as the following succeeds: How old are you? Married or single? How many children have you had? (if married.) The age of the youngest? Any miscarriages? Any trouble before mar-

riage? Is it worse or better since? Have you any pain? Stand up and put your hand upon the seat of pain. When does the pain begin—before you are unwell, or when? How long does it last? When is it worst? Does it hurt you to make water? Can you hold your water? How often do you require to pass it? Are the bowels regular? Have you any pain at stool? How long does the pain last? Do you ever lose blood at stool? Are you regular at your monthly times? Do you lose much or little? Do you ever pass clots or bits of membrane? Do you ever lose any in the intervals of the monthly periods? Have you pain at any other periods except the monthly times? Do you feel well in the intervals? What do you complain of then? Now, be it observed, some such set of routine questions are put in every case, so that the erring function or organ must be caught in this mesh of interrogation. After this cross-examination, the patient is sent into an adjoining room for examination. Here she is got ready by a nurse, and placed upon a chair so constructed that it can, in an instant, be converted into a couch.

Instruments.—The indispensable sound is of course at hand and used freely, but not recklessly, as I think I have seen it used elsewhere, and while such use may have somewhat advanced the knowledge of an ignorant and groping practitioner, it has given unnecessary pain to the patient and aggravated a sensitive disease. Ferguson's cylindrical glass speculum is used, but only on occasions, however. Sims' duck-bill also comes into occasional use; but in by far the greater number of instances, Dr. Herman prefers the use of Barnes' instrument, which seems to answer admirably. But in this, as in every other department, half the battle depends on the practitioner getting familiar with some one instrument, and using that instrument well—at least such is the better plan at first.

Method of Examination, &c.—The patient is invariably examined in the *dorsal*, as well as the *lateral*, decubitus, and as invariably *bimanually*. Two different plasmas are at hand to choose from for anointing the examining finger, one containing carbolic acid. The external genitals, &c., are first examined; then there is digital bimanual examination, followed in most

cases by the use of the speculum, and frequently that of the sound. During such examination the patient is frequently closely interrogated in regard to tender spots or areas, and it is not always easy to elicit accurate replies. Now, after carefully watching this mode of procedure for some time, I am prepared to say that if faithfully carried out by any man who knows one thing from another to begin with, there will be few cases of incorrect or missed diagnosis; and that the man who carefully reads some clear work on the subject, even though he know little to begin with, and follows out some such *systematic* method, will soon experience the gratification of knowing what is really the matter with some patients who have consulted many physicians, and are "no better, but rather worse" therefor; and what is more, will have the higher pleasure of relieving women whose lives have been doubly burthensome from conditions within them as well as around them. In this respect, certainly, gynæcological practice has great reward. "Diseases of Women," by Dr. Galabin, is a small, clearly-written and cheap work much used in England at the present time.

But in this department, as in all others, it is absolutely essential for the student, be he of one year's experience or of twenty, to know what is *normal* and what is not. It seems to me, Mr. Editor, that it is a sadly weak point in all medical teaching of the present day that there is no *special* teaching to make students acquainted with the normal in each department. He begins by forming his ideas of man's organs from a dissecting-room *cadaver* and ends by setting out to examine a diseased uterus, with his knowledge of that organ as gained, perhaps, by his examinations at the bed-side of a woman in labour. I have myself known a practitioner of twenty years standing attempt to replace, per rectum, what he diagnosed as a retroflexion, and who vainly pushed at the os and cervix (*sic*), supposing he was dealing with the fundus. Could such a case have happened to a man who knew *per tactum* the normal uterus? Other like cases, though less extreme, might be referred to, and, perchance, we could take a leaf from our own books that might cause some blushing revelations, so let us draw the mantle of charity over our short-

comings, and resolve to be both wiser and more careful in the future. Briefly as to the rest, a few *points* on diagnosis and treatment. The distinction (and distinctions are growing much finer with the great advances in this department) between *Perimetritis* and *Parametritis* is now clearly drawn; but all authorities do not yet recognize that peculiar affection termed "Spasmodic dysmenorrhœa." It is difficult often to account for the pain; there may be no sanguineous flow at the time of its occurrence; no flexion; no stenosis; it seems, in fact, to be a sort of colic of the uterus. As will be inferred, it is all important in dysmenorrhœa to ascertain all about *pain*. In the cases that I have seen of ovarian dysmenorrhœa, there have been severe pain and frequently hysterical symptoms. Blisters and close attention to the condition of the bowels, with the administration of bromide of potassium, are effective.

Constipation.—It is truly astonishing the extent to which this condition proves a source of misery to women. Patients present themselves with a great variety of symptoms, one case often differing a good deal from another; yet all the symptoms subside when the bowels are kept open. Cases of dysmenorrhœa present themselves that seem traceable to no other cause.

Prolapsed Ovary.—The two great causes of prolonged pain *after* defecation are fissure of the anus and prolapsed ovary. The latter is invariably highly sensitive to touch, and in one case that I had an opportunity to examine was as large as an egg; it formed a well-defined swelling to the left of the body of the uterus, as felt per vaginam.

Pelvic Hœmatocele.—Among the numerous cases of this serious affection presenting themselves from time to time, the history almost invariably was to this effect: The woman, when exerting herself, felt something give way; she felt the shock so much that she was obliged to go at once to bed, and has felt very poorly since. The patient has a blanched appearance, and upon examination, the uterus is found *fixed*, and a distinct swelling can be felt behind it.

Retroflexion seems to be the most frequent displacement for which patients apply for relief. In the *unmarried* it seldom

gives rise to any symptoms; at the same time, one of the most troublesome cases that I have seen here occurred in a young woman. The congestion occurring in retroflexion is due to pressure on the utero-sacral ligament, through which the veins from the uterus pass. It is asserted that there is little or no venous congestion when this ligament is absent. It is also stated that there are no symptoms of congestion in anteflexions. This may be one reason why one sees fewer such cases at the hospitals than of the opposite displacement. Judging by the cases seen at this *clinique*, and they have been pretty numerous, both pain and the so-called cancerous cachexia are often absent in *malignant* disease of the uterus; hæmorrhage seems often to occur in inverse proportion to the pain. Does it prevent pain? The treatment practised is amputation of the diseased os when the case is not far advanced. Dr. Herman states that Chian turpentine in his hand has proved useless.

A few cases of metrorrhagia have been seen, in which fright seemed to be the direct cause.

Erythema has occurred in one or two cases of amenorrhœa, at the period when the menses should appear.

There are cases of recurring abortion when even yet no special cause can be assigned. It is stated that Tinct. Ferri Perchlor. and Pot. Chlorate are of value. It will be interesting to the mass of practitioners to know that a man of such vast experience as the obstetric physician of the great London Hospital gives ergot to women pregnant, when there is hæmorrhage, without any fear of exciting labour pains. He asserts, in fact, with confidence, that ergot cannot *induce* labour pains.

Pessaries.—I cannot close this communication better, Mr. Editor, than by giving the results of the use of pessaries in this extensive *clinique*. Practically, only three kinds are used—Hodge's, which is made of hard rubber or of metal; the rubber ring (steel spring covered with rubber); and the cradle pessary of Graily Hewitt. In almost all cases of retroflexion a Hodge's is used. It acts upon the lever principle, the walls of the vagina affording supports for its arms, and *not* by pushing up the uterus. Hence it is most important to have one of the *proper size and*

perfectly adjusted. I can give unqualified testimony to its value when these conditions are observed. But in cases in which the body or fundus of the uterus is tender, the rubber ring must be substituted, in at least some cases. The ring should be the *largest* that can be worn comfortably. This form of instrument is also useful in prolapsed ovary. The cradle pessary is used almost invariably for cases of anteversion.

Precautions.—Those wearing a pessary are cautioned to return as soon as they feel any discomfort; and in all cases to report themselves once a month. But few cases of ulceration have occurred, even when the patients have delayed their return. When a rubber instrument is worn, syringing is enjoined; it is not necessary if the pessary be of metal. As there is a suspicion of a good deal of "romancing" just now in regard to gynæcology, I have tried to write that only whereof I know.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

SURGICAL CASES UNDER THE CARE OF DR. RODDICK.

Calculus Vesicæ—Lithotomy—Recovery.— (Reported by Mr. H. A. HIGGINSON.)

N. D., aged 29, was admitted October 5th, 1880. No family history bearing on the case. Patient has been passing blood and pus at times since he was three years old. Has been troubled for years with dragging sensations in the abdomen, at the end of penis, in the scrotum, and down the inside of thighs. Micturition has been attended with difficulty and pain, and he was often obliged to stoop or sit down in order to complete the act. For years he has been obliged to make water every two or three hours, and has always felt as if some urine still remained in the bladder. He never noticed much gravel in the urine, but constant muco-purulent deposit. The patient is well nourished and muscular, with normal heart and lungs.

Oct. 6th.—Lateral lithotomy was performed to-day without difficulty or accident, and a calculus removed the size and shape

of an almond, weighing nearly three drachms, and composed of lithic acid. During the extraction the stone was broken into three parts, but these were readily removed. A gum elastic catheter of large size was placed in the wound, to be left there for eight hours, as the fat of the part appeared to block the opening, and, besides, there was unusual spasm about the deeper parts of the wound. An hour before the operation the temperature was, from some cause, two degrees above normal, so that it was thought advisable to administer an antipyretic dose (20 grains) of quinine immediately after the operation, with a view to anticipating further trouble. *7th.*—Passed a restless night; voided bloody urine per urethram as well as by the wound; temperature at noon 103 3/5°; nothing about the wound to indicate trouble; ordered five minims of tincture aconite every two hours. *8th.*—Much better to-day; slept well; temp. 100°; wound looks healthy, and urine, slightly tinged with blood, flows freely through it. *10th.*—Continues to do well; small quantity of healthy urine begins to flow through the urethra; wound patent, healthy; temperature normal. Urine has ceased to flow through the wound; patient allowed up, and will leave for his home in two or three days.

Case of Subcoracoid Dislocation of Shoulder—Reduction after three weeks.—(Reported by Mr. REYNOLDS.)

J. McK., æt. 30, a plumber, tall and well developed, fell from a ladder three weeks before admission (Nov. 10th, 1880), striking a porch in the fall. After the accident the arm was much swollen, with a sensation of numbness all down the inside of the arm and in the ring and little fingers. The character of the injury remained unrecognized.

On examination, the following points are made out: Marked prominence of right acromion process; marked flattening of shoulder; fullness beneath the clavicle, and under the coracoid process can be felt the rounded head of the humerus; patient cannot place his right hand on the opposite shoulder; cannot bring his elbow close to the side; cannot raise the arm from the side; keeps the forearm in a position half-way between pro-

nation and supination; numbness along the inner side of the arm and forearm, and in the ring and little fingers.

Nov. 11*th.*—Under ether, a clove hitch being applied to the upper arm, reduction was accomplished by the heel-in-axilla-method, two strong students assisting. Broad strips of adhesive plaster were used to keep the head of the bone in position, and the arm was retained by a four-tailed bandage.

Nov. 16*th.*—The arm was taken down to-day, and it was found that he could place his hand on the opposite shoulder, and that the arm was capable of considerable motion, although the muscles of the shoulder and neck are still stiff and painful.

20*th.*—Discharged with the caution to keep the arm in the sling for ten days longer.

Case of so-called "Railway Spine"—(Reported by Mr. SHUFELT.)

G. B., æt. 45, carpenter; last February a collision occurred while travelling on railway car; was thrown on his back and struck head against car as he was at the time in the act of passing from one car to the other; seems to have been in a very stupid condition, as he remembers nothing until he found himself standing in the snow with the other passengers, some moments having elapsed since the accident; had to remain standing in the cold, felt chilly and stiff, and some difficulty in breathing. He kept walking about to remove this stiff feeling; walked home from station, but with difficulty, taking half-an-hour to walk a quarter of a mile. On reaching home, felt stiff, could not undress himself, was rubbed, and went to bed. Next morning felt pretty well, and remained in fair condition for a month, but his legs all the time felt shaky and cold, and would start involuntarily, and he had very little power in his right hand. After this his head began to ache; could not remember things distinctly; was easily confused; irritable and alarmed without just cause; would often, for instance, imagine that the house was on fire; could not read, as the words seemed to run together; had frequent flashes of light, and often saw showers of stars; had great pain in the back of the neck; could not turn his head without pain; had, and still has, difficulty in breathing when he falls over on his

back at night; always prefers to lie on the sides. Complains of a bloating of the bowels immediately after the accident, and which has since continued to some extent. Says that sometimes he would pass a large quantity of water, and then, again, very little, often having pain at the end of the act. There has been from the first almost complete loss of virile power; has both diurnal and nocturnal emissions without erection; tactile sensibility very much impaired at first.

At present he is found to walk with a straddling, unsteady gait, walking in a very uncertain fashion, moving the spine as little as possible; drags the left foot a little more than the right; has a sensation as if there was rubber in his boots; complains of crawling sensations in the legs; has painful spots over the spine, chiefly about the 7th cervical, 4th dorsal, and 3rd lumbar vertebræ. When asked to pick up anything, he bends the knees and hips to save the back. Heart's action somewhat labored and slow, but no abnormal sound. Lungs normal. Patellar reflex more marked in right than left leg; sensation alike in both. Eyes presbyopic; visual trouble due to this; nothing specially abnormal. Dr. Buller thinks the pain and weariness are caused by the overstrain in using them without suitable glasses; the twitching present is probably caused by smoking.

The patient was ordered counter irritation to the spine by means of the linimentum iodi, and iodide of potash with small doses of the bichloride of mercury internally, but owing to some pressing engagement, was obliged to leave for his home in less than a fortnight after admission.

Fracture of Spine—Recovery—Case illustrates value of Extension.—(Reported by Mr. HARVIE.)

J. W., æt. 45, sailor; has always been a healthy man; has been a hard drinker for over 30 years; has had *delirium tremens* several times; never had any venereal disease. Patient came into the hospital Nov. 8th, suffering from an injury to the spine, received at sea on the 18th October, just after leaving Sydney, C.B. He fell a distance of ten feet backwards, striking his back against the link of a chain. He was so stunned

at the time that he was unable to move, and had to be carried to his bunk. This was about 9:30 p.m. He suffered all night, nothing being done ; got up next morning, but found he could not walk from intense pain in back and inability to use the left leg ; it was also very rigid ; right leg was somewhat stiff, with feeling of numbness, but could throw it about at will. They were scarce of men on the ship, and he was put at the wheel ; he was carried to the wheel in his turn for six days. He then gave out altogether, and was confined closely to bed. Urine troubled him considerably, coming away involuntarily at times, and sometimes it was retained for a long interval, often 24 hours, and then would suddenly rush out. This was accompanied by considerable scalding pain ; also lost some blood during micturition for about five days. He never had any difficulty during defecation ; he had slight diarrhœa for about a week ; stools never passed involuntarily ; had no gastric symptoms ; had an intense headache, and felt a sensation of giddiness (vertigo), and was drowsy ; pain in the back was very severe ; thinks constantly ; moving about irritated it considerably. Ship got into Montreal eleven days ago. During all this time (about three weeks) nothing was done for him.

Admission to the Hospital.—Patient strong, muscular, well-developed man. On examination find a distinct depression, corresponding to the 2nd lumbar vertebra, as though the spinous process was wanting ; very tender on pressure. This, he says, is the spot where the injury was received. No abrasion or ecchymosis can be seen. There is constant pain at the seat of injury, and pains somewhat lancinating in character, radiating up the spine. No pain in his legs at all ; left leg very rigid ; sensation very much impaired ; also certain amount of motor paralysis ; right leg moves freely, but sensation increased (hyperæsthesia) ; left buttock is more full and round than the right ; the glutei muscles seem to be relaxed. On walking, he does not plant the left foot down flat, does not allow the heel to touch the ground ; walks altogether on the ball of the foot ; stiffness very marked ; right leg very good ; sensation of left leg much impaired, and continues so up

nearly to a level with the injury; marked hyperæsthesia in corresponding parts on right side; twitchings are frequent on left side. Temperature—left leg, 99° F.; right leg, 97° F.; left leg also considerably smaller than right; from his own account, they were equal in size and strength before the accident. Was placed in bed, lying over a bridge; hips elevated and shoulders and legs low, so as to extend the spine as much as possible; ice-bag applied over injury; his urine was drawn off, as he had not passed any for 24 hours.

Nov. 10*th.*—Patient seems better to-day; has been in bed continually since he came in, with hips elevated, and ice-bag applied; sensation is better, and movement in left leg more free, but still considerable amount of stiffness and impaired sensation; does not walk so stiff; general condition very fair; bowels regular; has perfect control of urine; none passing involuntarily; temperature normal; pulse normal. 11*th.*—Continues to improve; can use left leg better to-day; twitchings are gone; slight hyperæsthesia of right leg; urine normal. 13*th.*—Things going along very well; has no pain as he lies in bed; sensation becoming very good, and good motion; no twitchings; bowels inclined to be constipated; urine normal; temperature normal; pulse 84. 16*th.*—Changed position to-day, and is now lying on back, with head and shoulders raised; can move left leg almost as well as right, except some stiffness at knee; sensation is probably very slightly impaired below the knee; does not suffer any pain; rests well at night, eats well, and altogether everything is in a very satisfactory condition. 18*th.*—Continues to improve; feels much stronger; was ordered linimentum iodi application to back. Measurements—same on both sides above the ankle, 8 inches; middle of calf, left leg, 12 in.; right, 13 in.; around the knee, left, 13½ in.; right, 14¼ in.; middle of thigh, left, 16½ in.; right, 17½ in.; thigh high up, left, 20 in.; right, 21½ in. Says when had *delirium tremens* that he found his left side always useless, with a feeling of numbness and tingling for a few days; when attempted to walk would drag the left leg after him. 21*st.*—Patient was allowed up yesterday; can walk well; does not

show any signs of stiffness; feels that strength of left leg is improving rapidly, but on testing is found much weaker; can now bend his back and look over his shoulder; can pick an article off the floor, but says it causes some darting pain at seat of injury; was ordered some Glasgow liniment for application to leg every day, and also told to use friction night and morning; health good; appetite unimpaired; sleeps well; bowels regular; urine normal. 23*rd.*—Patient has picked up wonderfully since he has been out of bed; continues to improve in walking; left leg still continues weak, but sensation and power of movement are perfect; there is considerable pain at seat of injury on deep pressure, but when no great exertion is made does not find any inconvenience; spirits good; general health could not be better; altogether, since he came into the hospital he has done remarkably well. 24*th.*—Patient discharged to-day; was anxious to get to his home; condition very satisfactory.

Reviews and Notices of Books.

A Text-Book of Human Physiology, designed for the use of Practitioners and Students of Medicine.—By AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, &c. Illustrated by three lithographic plates and 318 woodcuts. Third edition, revised and corrected. New York: D. Appleton & Co. Montreal: Dawson Bros.

It is only necessary to inform our readers of the issue of a third edition of this standard work. It is fast becoming one of the most generally used as a text-book. It is a complete condensation of the author's original and extensive five-volume treatise on physiology. For the general reader, of course, this contained a great many matters of historical interest only, or discussion upon details which could be eliminated without in any way impairing its usefulness to him. In the original introduction we are told that the author has "aimed at teaching systematically and with uniform emphasis what students of medicine are ex-

pected to learn in physiology, and avoiding elaborate discussions of subjects not directly connected with practical medicine, surgery, and obstetrics." This object, it will be admitted by any one acquainted with Prof. Flint's work, has been fully carried out, and the consequence is that everywhere this treatise is held in the highest estimation as one of the best practical expositions of the general facts of physiology which has ever been presented to the profession either in America or in England. This third edition, though following so rapidly upon the second, is not a mere reprint, for it contains several very important alterations and additions. Thus the writer has adopted the views of Bowman, lately confirmed by the experiments of Heidenhain and others, with regard to the function of the Malpighian bodies of the kidney. The section upon Animal Heat has been entirely re-written. A short description is given of the central convolutions, with a new diagram, and quite a number of minor corrections are made, so as to bring all the statements into accord with the results of the most modern investigations. For students, it is admirably suited, containing all the requisites, whilst not being too excursive for one with limited time at command. For practitioners it is equally good, for but few subjects can be sought for but will be found treated of at greater or less length as their actual importance may demand. It is therefore highly recommended to all.

A Treatise on Albuminuria.—By W. H. DICKINSON, F.R.C.P., Physician to St. George's Hospital, Senior Physician to the Hospital for Sick Children, &c. Second edition. New York: Wm. Wood & Co. Montreal: Dawson Bros.

The enterprising firm of Wm. Wood & Co. are continuing the good work of bringing out a yearly quota of additions to their "Medical Library." The above constitutes the first volume of the series for 1881. The color and stamping of the bindings have been changed from those of previous years, presenting a very neat and even handsome appearance. A wonderful improvement has been made since the issue of the first series two years ago. The type, paper, binding and general execution are all

now very much superior to what was found in their predecessors, and, considering the very low figure at which they are published, one is surprised that such good work can be given for so little money.

The treatise of Dr. Dickinson is well known, and it deals so thoroughly and in such a practical manner with the every-day subject of albuminuria, that it should be in the hands of every practitioner. All the forms of Bright's disease are considered, as well as the occurrence of albuminuria from a variety of causes, apart from organic disease of the kidneys themselves. A large number of woodcuts and several very handsome colored lithographic plates have been introduced with very good effect.

A Treatise on the Materia Medica and Therapeutics of the Skin.—By HENRY G. PIFFARD, A.M., M.D., Professor of Dermatology, Medical Department of the University of the City of New York, Surgeon to the Charity Hospital, &c. New York: Wm. Wood & Co. Montreal: Dawson Bros.

There are such a multitude of remedies which are, or have been, recommended for use in cutaneous disease, that often there is rather an *embarras de richesses* than too limited a number to select from. A hand-book, therefore, compiled by an experienced dermatologist which will detail for us the various drugs and procedures capable of being so employed and try to make it understood in just which cases these are suitable or not, cannot fail to be found of very general value. That is what has been done by the author in the work before us. It is composed of two parts. In the first are detailed in alphabetical order, just as in a pharmacopœia, all the drugs which are used in dermatological practice—and on all the more important, the writer's own experience and views are specially detailed. In the second part, all skin affections are arranged alphabetically, and the best method of treating each one is given in full. The arrangement is very simple, as any particular drug or any special disease can be referred to in a moment. The whole is supplemented by an ample formulary, selected from the writings of the foremost authors, and containing useful prescriptions for all the various

form of skin diseases—those troublesome maladies which are so often the bane of the general practitioner.

A Manual of Diseases of the Eye and Ear for the use of Students and Practitioners.—By W. F. MITTENDORF, M.D., Surgeon to the New York Eye and Ear Infirmary, Ophthalmic Surgeon to Bellevue Hospital Out-door Department, &c., &c. Fully illustrated with colored lithographs and woodcuts. New York: G. P. Putnam's Sons. Montreal: Dawson Bros.

This is a compact manual of 430 pages. It is intended for the elementary study of the diseases of those special organs, and does not therefore enter into any competition with the more extensive and exhaustive treatises which are so well known. It has evidently been compiled with great care, and does not appear to omit anything which is of general importance as regards either diagnosis or treatment. For a work of this kind, also, it possesses some peculiar features which must increase its value to the general practitioner. It contains 38 beautifully-executed colored lithographic plates, taken from the famous works of Liebreich and Wells, to illustrate the diseases of the external parts of the eye, and the changes presented in disorders of the retina and other parts of the fundus; also eight similar drawings after Politzer of the membrana tympani and its various pathological conditions. The manual of Dr. Mittendorf can be highly recommended for students and for general use by physicians.

Hand-book of Systematic Urinary Analysis, Chemical and Microscopical, for the use of Physicians, Medical Students and clinical assistants.—By FRANK M. DEEMS, M.D., Laboratory Instructor in the Medical Department of the University of New York, &c. New York: The Industrial Publication Company.

This manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it admirably

adapted for use, both as a bed-side reference book and a work-table companion. The author is well known as one who has had for several years a very extended experience as a teacher of this important branch of physical diagnosis, and he has compiled a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner. The arrangement of the matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal into a very small compass, so that, while serving all the purposes of an analytical table, it is really a good deal more, although it is not, of course, to be supposed that this brochure can take the place of larger books.

Diagnosis and Treatment of Ear Diseases.—By ALBERT H. BUCK, M.D., Aural Surgeon to the New York Eye and Ear Infirmary, Instructor in Otology in the College of Physicians and Surgeons of the City of New York. New York: Wm. Wood & Co. Montreal: Dawson Bros.

The above is an excellent number of "Wood's Medical Library." It well deserves a place there, as it is a valuable text-book of a class of diseases which it is of great importance for the general practitioner to be moderately familiar with; not that those in general practice can be expected to cope so satisfactorily as the specialist with difficult or obscure affections connected with the hearing apparatus, but, as these disorders are so very common, it behoves every physician to know enough of them, in the first place, to recognize and to conduct the treatment of the simpler kinds of ear disease; and, in the next place, to be able to recognize conditions which are prone to give rise to serious derangements of these parts, and which thus require more skilled management than he is likely to possess. These latter, of course, when possible, he would then transfer to some colleague possessing the requisite special skill. The work is not a simple exposition of the established facts and modes of treatment of the various ear diseases, but contains throughout the results of the personal experiences and investigations of the author. It begins with some preliminary chapters on the

physiology of the organs of hearing, and then carefully describes the affections of the various portions of the auditory apparatus *seriatim*. From a careful perusal of some of the sections, we can speak of the clear and lucid manner in which the different matters of diagnosis are placed before the reader, and the logical manner in which they are treated. It can be recommended with confidence as a good text-book for students and a reliable manual for practitioners.

The *Popular Science Monthly*, published by D. Appleton & Co., has the following contents: Political Heads, by H. Spencer; The Black Races of Oceanica (illustrated), by Dr. R. Verneau; Out-door Life, by Dr. Oswald; History of Chronology, by Prof. Burns; Notes on a Doctor's Liability, by O. E. Lyman; Origin and Structure of Volcanic Cones (illustrated), by Johnston-Lavis, F.G.S.; Man and the Vertebrate Series, by Charles Morris; The Relative Hardiness of Plants, by S. Parsons, Jr.; The Purification of Sewer-Waters; Mr. Frank Buckland, by Spencer Walpole; The Felicity of Naturalists; Plantation Folk-lore, by Prof. Crane; An Ancient Scientist; Sketch of Michel Chasles (with portrait); with Notes, Popular Miscellany, and Literary Notices.

Books and Pamphlets Received.

Aids to Diagnosis.—Part I., Semeiology. By J. Milner Fothergill, M.R.C.P.,L. Part II., Physical. By J. C. Thorowgood, M.D., M.R.C.P. New York: G. P. Putnam's Sons.

The Heart and its Function Health Primer. New York: D. Appleton & Co.

Syphilis and Marriage.—By Alfred Fournier. Translated by P. Alfred Morrow, M.D. New York: D. Appleton & Co.

Aphorisms in Fractures.—By R. O. Cowling, A.M., M.D.

The Hygiene and Treatment of Catarrh.—By Thos. F. Rumbold, M.D. St. Louis: Geo. O. Rumbold & Co.

The Relations of Goître to Pregnancy and Derangements of the Generative Organs of Women.—By Edward W. Jenks, M.D., LL.D.

Anæmia in Infancy and Early Childhood.—By A. Jacobi, M.D. New York: G. P. Putnam's Sons. (Reprint.)

Lectures upon Diseases of the Rectum and the Surgery of the Lower Bowel.—By W. H. Van Buren, M.D., LLD. New York: D. Appleton & Co.

An Elementary Treatise on Practical Chemistry and Qualitative Analysis, specially adapted for use in the laboratories of Colleges and Schools and by beginners.—By Frank Clowes, D.Sc., London. Philadelphia: Henry C. Lea's Son & Co.

A Treatise on the Principles and Practice of Medicine, designed for the use of Practitioners and Students of Medicine.—By Austin Flint, M.D. Fifth edition. Philadelphia: Henry C. Lea's Son & Co.

A Guide to the Clinical Examination of Patients and the Diagnosis of Disease.—By Richard Hagen, M.D., Privat Docent to the University of Leipsic. Translated by G. E. Gramm, M.D. Boericke and Tafel, Philadelphia and New York.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Typhoid Fever in Children.—The treatment of typhoid fever in children differs essentially from the treatment instituted for the adult. No dependence can be placed on active medication, or on any special remedy; a series of indications exist, however, which must receive proper attention. These may be summed up in the phrase, sustain the vital forces; excite or calm the nervous system according to the state of the patient; seek to recall the cutaneous functions. During the first days the use, in abundance, of mild emollient drinks, is plainly indicated. Acidulated drinks are to be preferred, as they are refreshing and most agreeable to take. This will suffice, at first, but after four or five days the administration of alcoholic preparations may be commenced. Alcohol, as you all know, acts as an excitant in certain doses; but, on the other hand, it is a well established fact that in disease, accompanied by high fever, it lowers the temperatnre and sustains the rapidly failing vital forces. The form under which alcohol is administered matters little; brandy, rum, or Madeira wine may be indifferently employed, proper attention being, of course, paid to the dose administered.

During the first period of the malady the child is, as a rule, constipated; but the scene soon changes, intestinal hypersecretion supervenes, and diarrhœa, accompanied in some cases by violent colic. In such cases emollient fomentations should be

applied over the abdomen, and enemata administered, containing two three drops of laudanum, for a child from five to seven years of age. After two or three days of such treatment, and often sooner, the abdominal pains will become less intense and the meteorism less marked. Every three days a small dose of some mineral purgative water may be given, not with the object of purging the little patient, but in order to clean out, as it were, the digestive tube. Every day enemata of water, containing, if desired, some antiseptic substance, may be administered. In order to excite cutaneous secretion, the whole body should be sponged with lukewarm water containing a little aromatic vinegar. Cold baths should not be employed in the treatment of infantile diseases; moderately warm baths give equally good results, without presenting the dangers of immersion in cold water. The patient should, if possible, be moved from one room to another, morning and evening. The object of this practice is to prevent the prolonged sojourn of the infant in a room where the air is poisoned by the excretions and exhalations engendered during the course of the disease. The most absolute silence and a darkened room, free from inopportune visitors, will prove of benefit. The diet should be very mild, milk and broths being the staple articles used for the alimentation of the patient.

To sum up, the treatment of ordinary typhoid fever, running its course without notable complications, should consist in directly sustaining the forces by a milk diet, with broths and alcoholic preparations; and indirectly by diminishing the intestinal secretions and combating the active principle of the disease by washout the digestive tube, by frequent change of air, etc.

TREATMENT OF COMPLICATIONS.

1. *Abdominal Symptoms.*—When abdominal symptoms are spoken of, super-purgation and intense abdominal pains are generally understood. The absorbents and mild astringents should be employed in such cases; as much as ten grams of creta preparata per diem may be administered in a mucilaginous julep, or four grams of subnitrate of bismuth in sweetened water. Enemata of starch, containing four or five drops of tinct. opii,

may be administered ; the dose of opium being gradually but cautiously increased. In conjunction with this treatment emollient poultices should be applied over the abdomen, but the diarrhœa may possibly not be arrested for four or five days.

2. *Thoracic Symptoms.*—The most frequent are generalized bronchitis and congestions of both lungs. Emetics should, in general, be avoided. Ipecacuanha, senega, and the preparations of antimony should not be employed. All these medicaments would but depress the vital forces of the patient, if they did not even destroy him. Dry cups may be applied over the chest, morning and evening; this is a simple, but powerful, means of revulsion always at the disposal of the physician. Insist on the alcoholic preparations, which you may prescribe in the dose of twenty or thirty grams per diem, adding, if necessary, a small quantity of extract of quinquina. If dyspnœa should become very urgent, a flying blister should, without hesitation, be applied on the chest, and should be left about three or four hours in situ, but never more than five or six. Thus applied, it will suffice to produce irritation of the skin ; after its removal a large warm cataplasm may be applied, to aid in bringing about the serous effusion under the epidermis. We should not deprive ourselves of an agent of great power, particularly in children, in the dread of producing an eschar ; it is true that this accident happens more frequently in typhoid fever and in cachectic conditions of the system, but its occurencc may always be prevented by removing sufficiently soon the blistering agent.

3. *Cerebral Symptoms.*—These are the symptoms against which thereapeutic agents have least power. If the child presents symptoms of great cerebral excitation, chloral may be administered in the dose of one or two grams, or an enema, containing one gram of chloral, one gram of camphor, and the yolk of an egg, may be prescribed. Bromide of potassium should be given only as a last resource, and never for more than two days, consecutively.

4. *Hæmorrhage.*—Intestinal hæmorrhage during the course of typhoid fever is rare in children ; epistaxis is of more frequent occurrence. There is one simple mode of arresting

hæmorrhage from the nose, which generally proves efficacious. Agaric is cut in long strips, about half an inch in width; these are introduced as deeply as possible, until the nostril is filled; then another is applied transversely across the external opening, and the whole is kept in place by a roller passed around the head. Sometimes it is necessary to saturate the agaric in tincture of ferri perchloridi. Plugging the posterior nares with the aid of Belloc's instrument should be avoided; it is very difficult of accomplishment on account of the restlessness of the child; it induces nausea and gives no better results than the other method. When hæmorrhage from the intestine occurs, administer two drops of tr. ferri perchlor. every half hour or every second hour. If this does not suffice, give cold drinks, place compresses wrung out of cold water on the abdomen; internally give pounded ice, which, when mixed up with pulverized sugar, is taken without repugnance.

5. *Accidents through Compression.*—Redness and eschars are induced on the parts which support the weight of the body; they appear oftenest on the sacrum. An attempt should be made to prevent these accidents; the pelvis of the child should be supported on an air pillow about two-thirds filled; the parts should be sponged with an effusion of oak leaves, or with some other astringent preparation.

We will conclude with a brief mention of the treatment appropriate to grave forms of typhoid fever. In *ataxo-adynamic* forms, characterized by delirium with prostration, a blister should be immediately applied to the back of the neck; and when the first has become dry a second may be applied in the same place.

Finally, in *adynamic* forms, in those accompanied by much prostration, tonics and substances acting as stimulants to the nervous system, must be insisted on. If necessary, the patient may be plunged into a cold bath; a few seconds' immersion produces remarkable excitation; but this is a means which should be employed only after having in vain tried all the others.—*M. Jules Simon in Philadelphia Med. & Surg. Reporter.*

Ulcerative Endocarditis.—At a meeting of the New York Pathological Society, held January 26th, 1881, Dr. Osler read a paper descriptive of ulcerative endocarditis, in which he said that this disease had received but little attention: that usually three classes of cases are included under this name which should be entirely distinct—1st, Primary ulcerative endocarditis occurring spontaneously; 2nd, Where it occurs secondary to injury or inflammation or necrosis; 3rd, Where it occurs with chronic valvular disease. He then related the clinical history of some cases he had met with, and exhibited specimens of the vegetations found upon the heart in this disease. The conclusions he derived from his study of this disease were—1st, That primary ulcerative endocarditis does not occur with acute rheumatism as generally supposed; 2nd, It does occur frequently with pneumonia, especially of the primary lobar form. Of the 57 cases he had analyzed, 28 had occurred with pneumonia. A third point of clinical interest in these cases is the presence of meningitis, probably embolic in origin, He had found meningitis in 13 of the 57 cases analyzed. Aortic aneurism was also not infrequently found. As regards intimate pathology, ulcerative endocarditis is a micrococcus: that is, it depends for its development on the presence of micrococci. The relation of these organisms to the disease is not definitely known. They are not simply granular debris, as thought by some observers, but are isolated living particles. They do not invest the blood in any considerable number. How they get to the valves is not so important to determine as whether they are responsible for the disease, ulcerative endocarditis.

Dr. Clark, in behalf of the Society, thanked Dr. Osler for his able and interssting paper. Alluding to micrococci, spoken of in the paper, Dr. Clark said he did not see how these organisms gained entrance to the body; that if they entered the venous circulation they must first pass through the right heart, while, in fact, the left heart was the one usually involved in the disease. Virchow had shown that substances not capable of solution produced only stagnation of particular portions of the blood. That in regard to septic power, it was well known that septic influences

in ulcers away from the air were not often developed. Are these outgrowths able to be produced by these micrococci is a question that has not been satisfactorily answered. Since they could not be cultivated, was it not possible that these ulcerations were really some form of fibrin. He had treated these granulations with ether and acids, and found that they were not dissolved by acids or alkalies. Would this be true if they were simply vegetations? In reply to a question by Dr. Clark, Prof. Osler said that it was true that the bodies in question resisted the action of reagents, while vegetable micrococci did not; it was also very evident that they did not produce the characteristic features of septic endocarditis. He believed that micrococci were only concomitant circumstances, not the causes of the diseases in which they were found.

In reply to an inquiry from the President, Prof. Osler said that infectious and diphtheritic endocarditis were the same. Dr. Peabody said that he thought it was apparent to all who had examined many cadavers that bacteria are many of them developed subsequent to death. The experiments of Wood and Formad had shown that bacteria were not present in the blood of diphtheritic rabbits during life, but were found in great numbers after death.—*N. Y. Med. Gazette.*

The Local Origin of Cancer.—Jonathan Hutchinson, F.R.C.S., in *Med. Times & Gazette*, says:—

"I have tabulated upwards of 110 cases of cancer of the lip occurring in hospitals, and find among them 106 men and four women, while of the four latter, two had adopted the habit of smoking and in one other the diagnosis of the disease was doubtful. In cancer of the penis, occurring as it usually does in the subjects of congenital phimosis, who have been negligent as to cleanliness; in cancer of the tongue or cheek, induced by the long-continued irritation of a broken tooth; in cancer occurring in the old cicatrices of burns which have been irritated; in melanosis supervening upon congenital moles which have been scratched: and in the not infrequent transformation of an old syphilitic ulcer upon the tongue or os uteri into one of a malig-

nant nature. We have instances of cancer induced locally by different forms of local irritation. In the case of a gentleman, the greater part of whose tongue I removed for epithelial cancer about three years ago, and who died two years later of return of the disease in the glands of the neck, there was the history of a syphilitic sore of several years' previous duration. The diagnosis as to its original character had been made by two medical men of great sagacity, and it was borne out by a history of syphilis, and by the fact that on other parts of the organ syphilitic white-margined patches were still present. In a case of carcinoma of the cervix uteri which I saw some years since, Dr. Oldham (with whom I saw it, and who had previously attended the lady) assured me that the sore had originally been an ulcer of syphilitic origin; that he had several times seen malignant disease supervene in cases of malignant character. In 1848 I well recollect being much interested in a case under Mr. Paget's care in St. Bartholemew's, in which a man with stricture of the urethra had numerous fistulæ in his scrotum and perineum, and in whom cancer of undoubted type developed itself about the orifice of one of the anterior fistulæ. Let no one reply that most of these instances exemplify only the connection between *epithelioma* and local irritation, and there is an essential difference between that disease and true cancer. Epithelial cancer is as true a cancer as is the scirrhous form, differing mainly in that it occurs in parts which usually are easily accessible to the surgeon. Epithelial cancer is, as a general rule, quite as rapid in its progress to a fatal event as is scirrhus. Few cancers end, as a rule, more quickly than those of the tongue. Those of the female genitals are also often very rapid. Those of the lip and skin generally, if we date, not from the first appearance of a warty induration, but from the time when that wart began to ulcerate and took on a *bonâ fide* cancerous character, spread, when not interfered with, very rapidly—more rapidly, for example, than scirrhus of the breast. A strong argument in favor of the local origin of cancer is that when it commences in a part which can be watched, it may be seen that the first effects of irritation are not the production of a cancer, but simply of an irritable sore or warty in-

duration. On the lip and upon the scrotum all gradations may be observed between indurated and inflamed tubercles containing no positive elements of cancer, and the genuine epithelioma. Many so-called 'cancers of the lip' are even at the time of their removal doubtfully cancerous, being just in the transition stage between common inflammation and malignancy. Often a wart on the scrotum of a sweep, or a crack on the lip of a smoker, will remain as such for years before it assumes the features of true cancer."

Clergymen and Physicians.—The following terse presentation of the relations of the members of the learned professions from the pen of an eminent writer, esteemed by ministers and doctors alike, will, doubtless, interest our professional readers:—"Perhaps no laymen have given the clergy more trouble than the doctors. The old reproach against physicians, that where there are three of them together there were two atheists, had a real significance, but not that intended by the sharp-tongued ecclesiastic who first uttered it. Undoubtedly there is a strong tendency in the pursuits of the medical profession to produce disbelief in that figment of tradition and diseased human imagination which has been installed in the seat of divinity by the priesthood of cruel and ignorant ages. It is impossible, or at least very difficult for a physician who has seen the perpetual efforts of Nature (whose diary is the book he reads the oftenest), to heal wounds, to expel poisons, to do the best that can be done under the given conditions, it is very difficult for him to believe in a world where wounds cannot heal, where opiates cannot give a respite from pain, where sleep never comes with its sweet oblivion of suffering, where the art of torture is the only science cultivated and the capacity for being tormented is the only faculty which remains to the children of that same Father who cares for the falling sparrow. The Deity has often been pictured as Moloch, and the physician has, no doubt, repudiated him as a monstrosity. On the other hand, the physician has often been renowned for piety as well as for his peculiarly professional virtue

of charity, led upward by what he sees to the source of all the daily marvels wrought before his own eyes. So it was that Galen gave utteranee to the psalm of praise which the sweet singer of Israel need not have been ashamed of; and if this 'heathen' could be lifted into such a strain of devotion we need not be surprised to find so many devout Christian worshippers among the crowds of medical 'atheists.' No two professions should come into such intimate and cordial relations as those to which belong the healers of the body and the healers of the mind. There can be no more fatal mistake than that which brings them into hostile attitudes with reference to each other, both having in view the welfare of their fellow creatures. There are patients who never tell their physicians the grief which lies at the bottom of their ailments, whom a wise and experienced clergyman will surprise into a confession, which is a more potent anodyne than all the drowsy syrups of the East. And on the other hand, there are many nervous and over-sensitive natures whose best confessor would be a sagacious and wholesome-minded physician. It does not seem as if any theological student was really prepared for his practical duties until he had learned something of the effects of bodily derangements, and, above all, had become familiar with the gamut of mental discord in the wards of an insane asylum. It is a very thoughtless thing to say that the physician stands to the divine in the same light as the divine stands to the physician, so far as each may attempt to handle subjects belonging especially to the other profession. Many physicians know a great deal more about religious matters than they do about medicine. They have read the Bible ten times as much as they have read any medical author. They often hear much better preaching than the average minister, for he hears himself chiefly, and they hear abler men, and a variety of them. The professions should be cordial allies, but the church-going, Bible-reading physician ought to know a great deal more of theology than the clergyman can be expected to know af medicine. To say, as has been said not long since, that a young divinity student is as competent to deal with the latter as an old physician is to meddle with the former, suggests the

idea that wisdom is not an heirloom in the family of the one who says it."—*Oliver Wendell Holmes in the North American Review.*

The Uses of Tar-Water in Obstetrical AND GYNÆCOLOGICAL PRACTICE.—Dr. J. F. Allen, of Augusta, Ga., furnishes the *Atlanta Med. & Surg. Journal* of October, 1880, an article upon this subject, and claims for Dr. L. A. Dugas of Georgia the credit of its general introduction into Southern surgical practice. Its antipyogenic properties have attracted considerable attention. It is made according to the United States Dispensatory by adding one pint of wood tar to four pints of cold water, mixing thoroughly and shaking frequently during twenty-four hours, and then filtering the infusion. Internally administered, tar-water is stimulative and diuretic in its action, and locally applied it is slightly astringent, unirritating and alterative; it is antiseptic and disinfectant, and hence antipyogenic; for, by destroying the putrefactive germs, it prevents or restrains the process of suppuration. It is especially useful in puerperal-septic diseases. It is a perfect antiseptic and disinfectant, while its odor is pleasant, or such as not to offend the most fastidious. The oily and resinous principles which it contains exert a healing action upon the genital lesions, and suppuration is prevented. The ease with which it can be obtained, and its great cheapness, places it within the reach of the poorest people. It is to be used as a vaginal wash three times a day during the lying-in period, and cloths used to protect the vulva and receive the discharges should be moistened with it. It may also be employed, should occasion demand, as a wash for the uterine cavity. The value of tar-water as a local application in the treatment of certain diseases of the vulva, vagina and bladder, and as an antiseptic and disinfectant, after operations in gynæcological surgery, is no less marked. In the horrible itching due to so many different causes, we have in tar-water a valuable remedial agent. Its use in such cases as a vaginal injection and lotion to the vulva neutralizes and renders innocuous the irritating discharges, and by its sedative and alterative action it restrains or stops the morbid process. When the pruritis is due to skin diseases, the benefit

derived from the use of tar-water is apparent from its recognized curative value in the treatment of these affections in other parts of the body. After operations in gynæcological surgery, it has been found to be equal to carbolic acid in solution as an antiseptic and disinfectant, while its greater virtue as an antipyogenic makes it more efficacious in preventing suppuration — *Va. Med. Monthly.*

Treatment of Ozæna.—The *Lancet*, January 1st, says: "In several cases of chronic inflammation of the nasal and pharyngeal cavities, giving rise to offensive discharge, Dr. Poore has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula: biborate of soda, nitrate of bismuth, of each one drachm; disulphate of quinine, ten grains; iodoform, five grains. This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerole of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without the aid either of syringe or douche apparatus. In cases where the ozæna is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish, inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half a grain (in pill), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior nares, and also behind the soft palate, so as to reach the summit of the pharnyx. The brush may be moistened with glycerole of tannin, and after the cavities have been cleansed, a little dry iodoform may be passed into the cavities on the top of the brush."

Adhesion of the Placenta.—Dr. A. Cummings Air, in the *London Lancet*, says:—I have met with several cases of morbidly adherent placenta during the last 14 years, and am inclined to believe that the diagnostic problem may be solved with almost absolute certainty, although, from my experience being limited to so short a time, I would desire to write with all becoming modesty. The diagnosis is, I think, to be founded upon two symptoms, one of which is mentioned by Dr. Churchill, the other by Dr. Barnes, viz., that at some period of pregnancy, generally between the third and fifth months, a fixed pain, generally of a dull, aching character, is felt over some part of the uterus; and this is converted into a severe dragging pain when the patient attempts to turn over to lie on the side opposite to the placental site; so much so, that patients with an adherent placenta will never (as far as my experience goes) voluntarily lie on that side. This pain I believe to be of the same nature as that mentioned by Dr Barnes as being experienced when the cord is drawn upon, and is due to the dragging on the cord by the child when, from gravitation, it sinks through the liquor amnii. Theoretically it may be objected to this explanation that usually the cord is sufficiently long to prevent any such dragging, but I think it will generally be found that when the cord is long it is twisted around the neck or limbs of the child, and produces the same effect as a short cord would. No history of this dragging pain on the patient's turning to the opposite side to the placental insertion will be obtained when the retention of the after-birth is merely due either to the inertia of a wearied uterus or irregular contraction. If there is hæmorrhage in either of these cases, one would be justified in trying the effect of cold, compression, etc., before introducing the hand; but in cases of true placental adhesion, trying these and similar means leads to dangerous loss of precious time.

Tracheotomy in one Movement.—M. de St. Germain has performed 227 tracheotomies without a single grave accident due to the operation. He is opposed to the successive incision of the different layers of tissue over the trachea by

the slow method. This is his method of procedure: He places the child on a table, its shoulders resting on a hard cushion and the head firmly held by an assistant; with his left hand he firmly grasps the larynx, seizing it as if to draw it away from the vertebral column; a straight bistoury with a narrow blade is then plunged into the crico-thyroid membrane, the direction of the cut being guided by looking at the sternum The depth of the incision is to be about 15 millimetres. Next, with a sawing, not with a pressing motion, the cricoid cartilage is divided, and similarly two or three rings of cartilage, and at the same time the isthmus of the thyroid gland and the skin are cut. In withdrawing the instrument the incision is prolonged downward for several millimetres, thus making a little canal into the skin, to facilitate the flow of liquids. The edges are now separated by a suitable dilator, and the canula at once inserted. He has never seen serious hæmorrhage occur in this operation.—*Gazette des Hôpitaux*, Jan. 15, 1881.—*N. Y. Med. Record.*

Leprosy in the Sandwich Islands.—The *British Medical Journal* informs us that, according to the report of the Board of Health of Honolulu, the Leper Hospital, on the island of Molokai, contained 684 patients on March 31st, 1880, three being children of lepers, and under one year of age. There were 424 males and 260 females. The greater portion of the lepers are treated as out-patients, and it is stated that a large number remain mixed with the people in the several islands. The average mortality among the lepers in the establishment at Molokai has been nearly 58 per 1,000 *per annum*. Dr. N. B. Emerson, physician to the establishment, states that, on the approach of damp and chilly weather in November, there is a general aggravation of symptoms in leprous persons, with fresh eruptions, attended with chill and fever, closely resembling intermittent. Dr. Emerson concludes that, while much may be done to palliate, no curative means have yet been found in this disease. He is convinced that the disease is contagious, and states that, though first introduced into the Sandwich Islands about 1856, there are now thousands of lepers, and the disease is still rapidly increasing among the native population.

Salicylic Acid in Diphtheria.—Dr. Frank Kenyon, of Scipio, N.Y., presented his views upon this subject at the last annual meeting of the Central New York Medical Association. The properties of salicylic acid which render it specially adapted to the treatment of diphtheria, are:— 1. Its safety of administration, and its general diffusibility through the system. 2. Its antiseptic and antizymotic properties. 3. Its antipyretic effect. 4. Its local action on the affected mucous membrane. Salicylic acid may be introduced into the system in large quantities without danger of injury to the patient. The well-known antiseptic properties of this drug outside of the body may well lead us to believe that it has at least a measure of the same property when taken internally. The local action of salicylic acid in diphtheria is two-fold: 1. It acts as a local disinfectant, correcting the fætor, and checking the growth of the diphtheritic pellicle. 2. It acts as a local stimulant, increasing the secretion of the mucous membrane, and thus favoring the exfoliation of the diphtheritic growth by re-establishing the secretion beneath it and forcibly tearing it loose. This local action is best obtained by frequent small doses, though the antipyretic effect is more apparent when large doses are given. I believe that frequent repetition of small doses is by far the most beneficial locally. My favorite prescription is as follows: ℞ salicylic acid gr. xx, alcohol ʒ j, sulphate of zinc gr. x, glycerine ʒ iv, hot water ʒ iv, tincture of chloride of iron gtt. iij. M. This makes a wine-colored mixture, pleasant to the taste, so that children readily take it. Of this I give to adults a teaspoonful every hour, and alternate with it the following: ℞ salicylic acid ʒ j, alcohol ʒ ij, syrup ʒij. M. S. A teaspoonful every hour. To children I give one-half or one-quarter of these doses, according to the age. I always let the patient swallow the medicine; 1. To secure the antipyretic effect of the acid, and 2, because the saliva and bits of detached membrane are swallowed, and the stomach also requires to be disinfected, to prevent the continual reabsorption of the virulent material. And it seems to me that local applications and gargles are inadequate for the accomplishment of the needed ends, and, the sooner the medical

mind is disinfected of the idea that swabs and gargles are essential in the treatment of diphtheritic sorethroat, the better it will be for the patients.—*N. Y. Medical Journal.*

Excision of a portion of the Stomach AND DUODENUM.—In the *Wiener Med. Wochenschrift*, of February 5th, the following case is reported by Professor Billroth. The previous week, a woman was brought to him having unmistakable symptoms of pyloric cancer. The patient, who was forty-three years and mother of eight children still living, was attacked, apparently somewhat suddenly, with vomiting, in October, 1880. All the symptoms of pyloric cancer soon developed themselves; and Dr. Billroth determined, with her consent, to operate, as she felt herself sinking under the increasing exhaustion and inability to retain food. The tumor lay on the upper side of the stomach and somewhat to the right; it seemed to be as large as a moderate sized apple. A transverse incision, about eight centimeters (three inches and one-fifth) in length, was made over it through the wall of the abdomen. The tumor was difficult to disengage, on account of its size; it presented itself as a partly knotty, partly infiltrated cancer, covering the pylorus and rather more than a third of the under part of the stomach. Dr. Billroth loosened the adhesions to the omentum and the transverse colon, separated carefully the great and lesser omentum, and tied all the blood-vessels before cutting them through; the loss of blood was very slight. He then made an incision through the stomach one centimetre beyond the infiltrated part, at first in a backward direction only, and afterwards through the duodenum. Six sutures were then passed through the lips of the wound, the threads being left untied and only used to keep the lips of the wound in position. He then made a further oblique incision into the stomach from within and above in an outward and downward direction, keeping always one centimeter from the infiltrated part of the wall of the stomach, and then closed the oblique wound, from below upwards, until an aperture was left just of sufficient size to fix the opening of the duodenum. The separation of the tumor from the duodenum was completed by means of an incision

parallel to that in the stomach, and always at a distance of a centimeter from the infiltrated part. The duodenum was then introduced into the opening of the stomach which had been left. Altogether about 50 sutures were made with Czerny's carbolized silk. The wound was washed with diluted carbolic acid, and a few additional sutures inserted at weak points, the whole replaced in the abdominal cavity, and the abdominal wound closed and bandaged. The operation lasted an hour and a half. No weakness, vomiting, or pain followed the operation. During the succeeding twenty-four hours the patient took only ice by mouth, and nutritive injections of wine; on the following day, a tablespoonful of sour milk every half hour. The patient, a very intelligent woman felt very well, and slept most of the night by help of a small injection of morphia. The piece excised was fourteen centimeters (about five and a half inches) in length along the greater curvature of the stomach. Only a quill could, with difficulty, be passed through the pylorus. The shape of the stomach is not much altered by the operation, but somewhat reduced in size. Sir H. Thompson, to whom we are indebted for the above, has received a note from Dr. Billroth, dated February 5th, the seventh day after the operation, in which he writes, "The sutures have been removed; the wound is healing without any reaction; the general condition of the patient is good; she takes broth and egg, coffee, tea, and cocoa."—*British Med. Journal.*

Treatment of Pain by Mechanical VIBRATIONS.—The action of metallic applications—metallotherapy—of which we have heard so much in the last few years, was best explained on the theory of vibrations by Vigouroux, who proceeded to experiment upon the effect of sonorous vibrations, which he thought might have a direct mechanical effect on the sensory nerves (London *Lancet.*) By the aid of a large tuning-fork and sounding-board he caused hemianæsthesia to disappear, and provoked contractions in hysterical subjects at la Saltpétrière as rapidly as with the magnet or electricity. The pains of an ataxic were subdued when his legs were brought under the influence of these sound-waves. M. Boudet of Paris

then thought that this might be applied locally over a nerve, the sonorous being changed to mechanical vibrations by means of a small button attached to the resonator and applied over the nerve. He, therefore, contrived a small apparatus consisting of an electrically-mounted tuning-fork, the vibrations of which were transmitted to a rod which could be easily applied over a nerve. In a healthy man this mechanical excitation produced rapid local analgesia, often ansæthesia, the maximum effect being produced by application over a nerve which could be compressed on a bony surface. When placed against the skull its walls vibrate in harmony with the tuning-fork; and a sensation of approaching vertigo, often followed by a desire for sleep, is produced. An attack of migraine can be cut short by the application. Neuralgia—especially of the fifth, where the nerves issue from bony canals—disappears after a few minutes' application of the instrument to the nerve at such points; but in the case of deeper-seated nerves, much protected by soft parts, it is more difficult to get good results. The writer suggests this treatment for the pains of ataxics and syphilitics. He thinks there is no limit to its application, and suggests that perhaps cranial vibrations may induce cerebral and thus general anæsthesia. Its mechanical action is comprehensible when we see how simple friction of the skin may soothe very acute pain. He does not regard the number of vibrations as important. This, however, is, we believe, a point on which Dr. Mortimer Granville lays great stress.

Sudden Death in Pleuritic Affections.—Dr. Leichtenstern (*Deutsches Archiv für Clin Medicin.*, Band iv, 4 Heft) discusses a number of cases recorded in medical literature, of pleuritic patients in whom severe syncope and sudden death have occured, with the view of explaining the causes; and he arrives at the following conclusions. Sudden death or severe attacks of syncope in cases of pleuritic effusion have sometimes their origin in embola of the pulmonary arteries. In other cases, no pulmonary embola exist, but voluminous and far-extending thrombi in the right auricle and ventricle, and in the superior vena cava. The generally prevailing view that

left-sided effusion has a greater effect in disturbing the circulation than effusion on the right side, is incorrect. On the contrary, extensive exudation on the right side causes greater disturbance of the circulation by pressure on the large vessels, and on the right auricle and ventricle than does considerable effusion on the left side. And the opinion that causes of sudden death and severe syncope are more frequent in left than in right exudation, is contradicted by statistics. Of 52 cases, in 31 the exudation was on the right side, and in 21 on the left. Cases of sudden death, apoplectic attacks in pleuritic effusion, sometimes arise from embolism of an artery of the brain, or its consequences. In a great number of sudden deaths with pleuritic exudation, we are not yet in a position to explain the cause. The fatty degeneration of the muscles of the heart, the anæmia of the brain, and the œdema of the lung, do not suffice for an explanation. To anæmia of the brain as a cause, those cases only can be assigned in which the raising of the sick person from the horizontal position has been followed by severe syncope ending in death. Various causes which sometimes quite interrupt or impede the flow of blood to the left heart, such as a severe paroxysm of coughing, vomiting, lifting heavy burdens, may give rise to a sudden fatal anæmia of the left heart, and secondarily of the brain. The anæmia of the lungs or brain found in many cases is only of secondary importance. It frequently happens, after thoracentesis by aspiration, that an anæmia is induced in the partially distended lung; and this may lead to death by asphyxia. In sudden death, during or immediately or a short time after thoracentesis by aspiration, the cause is anæmia either of the heart or of the brain. In cases in which severe syncope and sudden death are observed during the irrigation of the pleural cavity, the cause is either direct mechanical concussion of the easily exhausted heart by the stream of water thrown in, or shock. The washing out of large empyemic cavities with strong solutions of carbolic acid may cause severe collapse, and perhaps death, due to the rapid absorption of large quantities of the acid.—*Phil. Med. & Surg. Reporter.*

CANADA

Medical and Surgical Journal.

MONTREAL, APRIL, 1881.

McGILL UNIVERSITY—MEETING OF CONVOCATION.

The annual meeting for conferring of degrees in the Faculty of Medicine was held in the William Molson Hall on Thursday afternoon, 31st ult., the room being crowded with students, old McGill men, and friends of the University.

Dr. Osler read the following list of honors in the Faculty of Medicine :—

The total number of students enregistered in this Faculty during the past year was 168, of whom there were from Ontario, 79 ; Quebec, 48 ; Nova Scotia, 5 ; Manitoba, 1 ; New Brunswick, 9 ; P. E. Island, 5 ; Newfoundland, 1 ; West Indies, 1 ; United States, 19.

The following gentlemen, 36 in number, have passed their primary examination on the following subjects : Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany or Zoology. Their names and residences are as follows :

Allen, Clarence E., East Farnham, Q
Bangs, Edson C., Faribault, Minn
Bonesteel, S. A., Columbus, Neb
Bowser, James C., Kingston, N.B
Brown, C. O., Lawrenceville, Q
Cameron, C. E., Montreal, Q
Cameron, J. W., Montreal, Q
Cattenach, A. M., Dalhousie Mills, O
Clarke, H. J., Pembina, Dakota
Cousins, W. C., Ottawa, O
Derby, W. J., North Plantagenet, O
Dearden, George A., Richmond, Q
Gardner, J. J., Beauharnois, Q
Grant, James A., B.A., Ottawa, O
Gray, James, Brucefield, O
Hanvey, Chas. B. H., Cleveland, O
Hopkins, Joseph A., Cookshire, Q
Harrison, J. H., Moulinette, Q
Howard, R. J. B., B.A., Montreal, Q
Jack, W. D. B., B.A., Fredericton, N.B
Kelly, P. N., Rochester, Minn
Lathern, John S., Yarmouth, N.S
Loring, J. B., Sherbrooke, Q
McCorkill, Robert K., Montreal, Q

Musgrove, W. J., West Winchester, O
Muckey, Floyd S., Medford, Minn
O'Brien, T. Pierce, Worcester, Mass
Page, T. A., Brockville, O
Poaps, Allen P, Osnabruck Centre, O
Rutledge, And. J., Bayfield, O
Rutherford, C., M.A, Waddington, N.Y
Scott, W. McE., Winnepeg, Man
Sihler, George A., Simcoe, O
Smith, E. W., B.A., New Haven, Conn
Stewart, Andrew, Howick, Q
Thompson, W. E., Harbor Grace, Nfld

The following gentlemen, 38 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University. These exercises consist in examinations, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene; and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital:

Bonesteel, S. A., Columbus, Neb
Brown, T. L., Ottawa, O
Cameron, Paul, Lancaster, O
Carson, J. H. Port Hope, O
Cormack, W., Guelph, O
Feader, H. C., Iroquois, O
Fraser, H. D., Pembroke, O
Fielde, E. C., Prescott, O
Grey, W. L., Pembroke, O.
Gordon, C. M., Ottawa, O
Harvie, J. B., Ottawa, O
Heyd, H. E., Brantford, O
Higginson, H. A., L'Original, O
Houston, D. W., Belleville, O
Hunt, J. J., London, O
Josephs, G. E., Pembroke, O
Lang, W. A., St. Mary's, O
Laurin, E. J., Montreal, Q
Lunam, Henry, B.A., Wakefield, Q
Macdonald, R. T., Montreal, Q
McGannon, E. A., Prescott, O
McKenzie, Kenneth, Richmond, Q
Mewburn, F. H., Drummondville, O
Moore, W., Owen Sound, O
Perks, W. C., Port Hope, O
Reynolds, T. W., Brockville, O.
Rogers, E. J., Peterboro', O
Ross, James, B.A., Dewittville, Q
Ross, J. W., Winthrop, O
Serviss, T. W., Iroquois, O
Shanks, J. C., Huntingdon, Q
Shufelt, W. A., Brome, Q
Smith, E. H., Montreal, Q
Stephen, W., Montreal, Q
Struthers, A. D., Philipsburg, Q
Trueman, J. E., B.A., Woodstock, N B
Wagner, G. C., Dickinson's Land'g, O
Williams, J., London, O

Of the above-named gentlemen, W. Cormack is under age. He has, however, passed all the examinations, and fulfilled all the requirements necessary for graduation, and only awaits his majority to receive his degree.

Mr. H. A. Higginson, of L'Original, has been taken ill since the examination, and is consequently unable to present himself.

Messrs. James Ross, E. J. Laurin, K. McKenzie, and A. D. Struthers, natives of the Province of Quebec, have fulfilled all

the requirements for graduation, but await the completion of four years from the date of passing the matriculation before receiving the degree.

The following have passed in Hygiene:

E. C. Bangs,	Edmund Christie,	A. J. Rutledge,
C. O. Browne,	W. T. Duncan,	C. Rueherford, M.A,
J. W. Cameron,	W. H. Drummond,	Alex. Shaw,
Lorne Campbell,	C. B. Hanvey,	H. W. Thornton, B.A.
A. M. Cattenach,	R. J. B. Howard, B.A.,	W. E. Thompson.

The following have passed in Medical Jurisprudence:

E C Bangs,	R Dawson, B A,	J M McLean,
C O Brown,	W T Duncan,	T Pierce O'Brien,
J W Cameron,	J A Grant, B A,	Henry O'Keefe,
A M Cattenach,	Hugh Gale,	H V Ogden, B A,
E. Christie,	B F W Hurdman,	W Prendergast,
Lorne Campbell,	C B Hanvey,	A P Poaps
W H Drummond,	R H Klock,	Alex Shaw,
	W H Thornton, B A.	

The following have passed in Anatomy:

W G Henry,	O Martel,	W R Ross,
J R Johnson,	J C Meahan,	E S Wood.
J W McLean,	J C S Phippen,	

The following have passed in Practical Anatomy:

W G Henry,	J C Meahan,	E S Wood.
O Martel,	J R Johnson,	

The following have passed in Chemistry:

J Bennett, B A,	J J Maher,	L D Ross,
W G Henry,	O Martel,	W K Ross,
J R Johnson,	J C Meahan,	J M Scott,
J W McLean,	James Park,	G R Sheriff,
A McLeod,	J C S Phippen,	W A Smith,
	S F Wilson.	

The following have passed in Institutes of Medicine (Physiology and Pathology):

W A Drummond,	J J Maher,	W K Ross,
W G Henry,	James Park,	L D Ross,
J W McLean,	J C S Phippen,	W A Smith.

The following have passed in Materia Medica:

J Bennett,	O Martel,	L D Ross.
J J Maher,	J C Meahan,	

The following have passed in Botany:

CLASS I.—G A Graham and E Gooding, (equal—prize), F D Walker, W K Ross, D A Cameron, J A Duncan and E W Smith (equal), S E Brown, W Porteous, E J Elderkin, T B Davies, W G Johnston, J C S Phippen, James L Addison, W G Henry, Isaac M McLean, W S Renner, J R McInerney, T O'Brien, J. Menzies, H E Smyth, N J McDonald.

CLASS II.—J McKenzie, J C Sharp, W W Doherty, William Bell, A W Haldimand, J H Jolieffe, J H Landor, A McNeil, J C Hutchison.

CLASS III.—J W McLean, H W Allen, C H Johnson, J H B Allan, J P St Germain, J A Barrett, G H Duncan, William H Klock, W Nelson, E H Smith, W P Bunnell.

MEDALS, PRIZES AND HONOURS.

The Holmes Gold Medal for the best examination in the primary and final branches was awarded to James Ross, B.A., Dewittville, Q.

The prize for the best final examination was awarded to John W. Ross, of Winthrop, Ont. The gold medallist is not permitted to compete for this prize.

The prize for the best primary examination was awarded to R. J. B. Howard, B.A., of Montreal.

The Sutherland Gold Medal was awarded to C. E. Cameron, of Montreal.

The following gentlemen, arranged in the order of merit, deserve honourable mention: In the final examination, Messrs. Perks, Heyd, Laurin, Josephs, Grey, Shufelt and Rogers; in the primary examination, C. E. Cameron, W. L. Lathern, W. McE. Scott, and J. Gardner.

PROFESSORS' PRIZES.

Botany.—First prize, G. A. Graham, of Hamilton, Ont., and E. Gooding, of Barbadoes, W. I., equal. For the best collection of plants, J. C. McKee, of Port Colborne, Ont.

Practical Anatomy.—Demonstrator's prize, awarded to C. E. Cameron, of Montreal.

Dr. K. McKenzie then read the valedictory address, and Prof. R. P. Howard delivered the address to the graduating class on the part of the Faculty. (*See page* 513.)

TYPHUS FEVER.—An outbreak of typhus fever is reported in New York. The cases all told are quite numerous—as many as 40 new ones having occurred during one week, The disease originated in a crowded and unwholesome lodging-house, which was once a church formerly occupied by a congregation of negroes. It had been for many years deserted, and is now in a very dilapidated condition. Two or three years ago it was fitted up as a lodging-house for tramps and other impecunious members of the community. Beds are furnished them for a few cents each night, those entirely without money giving a quantum of work in lieu thereof. Throughout the winter this place had been crowded to its utmost capacity. The present is the most serious outbreak of typhus that has occurred in New York for quite a number of years, and the Board of Health are said to be using every means at their disposal to prevent the spread of the disease. All last year there were but two cases reported, and nine has been the highest number in any one week for the last ten years. These facts should be a warning to other places, for it will be remembered by many in this city that the same virulent and highly contagious disorder broke out spontaneously in the House of Refuge here some years ago, but was fortunately prevented from spreading by the adoption of very active hygienic measures. The moral, of course, is, that sanitary officials everywhere should give special attention to such places as these where noisome overcrowding of the poor is likely to occur, and anticipate similar occurrences by the enforcement of such measures of ventilation, &c., as will assuredly prevent the development of typhus-poison. By the way, in this New York case, as in so many other instances, we hear nothing of the original importation of the first cases; and, if typhus-poison can thus originate spontaneously in a filthy humanity-poisoned atmosphere, why may not typhoid-poison be similarly generated in decomposing excreta?

CONTAGIOUS DISEASES OF ANIMALS.—Our American friends do not appear to be particularly fortunate in their selection of individuals to entrust with the supervision of the immense interests involved in the live-stock trade of their country. It is not

long since a lesson was taught them from Canada with reference to the contagious pleuro-pneumonia of cattle, and although the so-called hog-cholera has been the means of losing millions of dollars to the Western producers, yet anything like good scientific investigation of that disease is even yet wanting. The Agricultural Department have had appropriations amounting to $25,000 voted for the prosecution of enquiries relative to these diseases, and have recently caused the publication of a report on "contagious diseases of domesticated animals." This report is thus disparagingly noticed by the *New York Medical Record:* "As regards original or scientific work it is almost absolutely deficient. The pathological experiments and speculations are crude and ridiculous, and are generally but puny elaborations of the views of certain imaginative European experimentalists. The report is gorgeous with many colored lithographs that have absolutely no value except to impress the minds of Congressmen." It is matter for regret that better results should not have been obtained in a matter of such great importance to the whole of this continent as well as to medical science in general.

BELLEVUE MEDICAL COLLEGE.—At the beginning of the past session the Bellevue Hospital Medical College announced that, for the future, a three years' course would be compulsory for graduation. This was claimed to be a great progressive move in the interests of the better education of medical students in New York. But, alas! for good intentions; a recent announcement from the Faculty declares that the new arrangement has been abandoned, and, as heretofore, two years only is demanded. The cause of the regression has, of course, been the falling off in the number of students and the consequent depletion of the College treasury. It is strange that the Bellevue teachers should have followed such a vacillating policy. Surely they must have anticipated a loss of many students during the first years following such a change, and they should have been prepared to meet it. At any rate, the action this strong and popular school has felt compelled to take, apparently from motives of self-preservation, is in every way to be regretted. It will for a long time

stand in the way of similar progressive efforts being made by other teaching bodies in America, efforts which, it is to be hoped will ultimately prevail in securing everywhere a curriculum of proper length.

FIGHTING THE ENEMY.—An old paper containing an account of the life of Hannah Moore has the following choice description by Langhorne of an illness by which he was assailed :—

"I do not," he says, "intend in this letter to write about anybody or anything but myself; it is probable, therefore, that the apologies you very likely expect you will find in my history.

"I am at present of no small importance in my own estimation, being just risen from the dead, a citizen of no mean city! The truth is, that for two months past I have been incapable of enjoying, and almost of attending to any one earthly thing; totally depressed, sunk down, and buried beneath a complication of rheumatic, scorbutic, nervous, and bilious complaints. These rebellious powers, like the Americans on their continent, carried every thing before them in a very *unconstitutional* manner indeed. At last matters came to a crisis. General Bile was appointed commander-in-chief, and led the whole forces of Rheumatism Bay, Scurvy Island, and Nervous Province, into the very centre and heart of my dominions, and drew up his army in form of battle. I drew up my whole force in the following order :—First battalion, a body of Emetic Tartars, under the command of General Ipecacuanha. These fought with uncommon bravery for one whole day and a night, made prodigious havoc of the Biliary forces and took their general prisoner. A truce was proclaimed for twenty-four hours ; when, it appearing that a large body of the Biliaries had secreted themselves in the lower parts of the country, I despatched the second battalion, consisting of foreign troops, chiefly of the provinces of Senna, Tamarind, and Crim Tartary, under the command of sub-brigadier-general Cathartic. These brave soldiers behaved with great courage and gallantry, defeated the Biliaries in fifteen pitched battles, and at last totally drove them out of the country. The above two battles lasted five days and five nights. The engagement was at first so hot that victory was doubtful. It was, indeed, a dreadful and a bloody combat, and I certainly can never forget it. On the sixth day a few of the nervous regiments were seen struggling, but being pursued by Colonel Cordial with the Jalap light-horse, they threw down their arms. The troops of Scurvy Island concealed themselves in the woods and other inaccessible places. Thus, my dear madam, have I given you a circumstantial account of a most desperate and dangerous contest I maintained for my all. What were the battles of Bunker's Hill and Long Island compared to this? In my estimation, certainly nothing. I am now *wondrous* well."

Medical Items.

OBITUARY.—The profession has learnt with regret of the death of Dr. Wm. Mostyn, of Almonte, Ont. The deceased gentleman was crossing from Appleton in a skiff when the boat upset, and he was drowned before assistance could be rendered. Dr. Mostyn was a man much respected in his own locality, and held many positions of respectability. He was an ex-M.P.P., and served several years on the Ontario Medical Council. His death makes a vacancy in that body.

PROVINCIAL MEDICAL BOARD.—The semi-annual meeting of the Board of Governors (Provincial Medical Board) of the College of Physicians and Surgeons of the Province of Quebec will be held on Wednesday, the 11th May next, at 10 a.m., in the Laval University, Montreal. Candidates for examination or for license must send their papers (including certificate of admission to the study of medicine), also the fee for the license, $20, at least ten days previous to the meeting, to either of the Secretaries, Dr. A. G. Belleau, Quebec, or Dr. F. W. Campbell, Montreal.

PRELIMINARY EXAMINATION.—The examination for admission to the study of medicine will be held on Thursday, the 5th May next, at 10 o'clock a.m., in the city of Montreal, at the Laval University. Certificates and the examination fee, $10, must be remitted at least ten days previously to one of the Secretaries.

THE INTERNATIONAL MEDICAL CONGRESS AT LONDON.—The arrangements for this Congress have now been quite fully matured. Sir James Paget is to deliver the inaugural address on Wednesday morning, August 3rd. The following mornings will be devoted to the business of the sections, while the afternoons (except Saturday) will be occupied by the general meetings of the Congress, at which four addresses will be delivered by distinguished men of four nationalities. Three gentlemen have already promised to deliver these addresses: Professor Huxley, probably on "The Connection of General Science and

Medicine ; " Professor Volkmann, of Halle, on " Modern Surgery ; " and Dr. Billings, of Washington, on " Medical Literature." The fourth address, to be given by a distinguished Frenchman, has, as yet, not been finally arranged. Amended programmes have been compiled and bound with the rules of the Congress into a pamphlet. This is printed in three languages, and can be had by any medical man on application to the Secretary-General. It is certain that there will be a thousand medical men present, and probably twice that number. There will be two large receptions given to the members, besides a dinner which the Lord Mayor will give in the Mansion House.

LONGUE POINTE ASYLUM.—" All the arrangements here seem to be of the most approved kind for securing the health of the inmates which are confined there, and for developing and fostering symptoms of returning sanity." The above is from the presentment of the Grand Jury. Do they include in the " arrangements for developing and fostering returning sanity " the furnishing of *skilled* medical advice ? (To many this would appear the first essential.) And if so, are they satisfied that the inmates at Longue Pointe enjoy this advantage ?

UNIVERSITY DINNER.—The McGill University dinner is announced to take place at the Windsor Hotel on April 29th. It is expected that Hon. Ed. Blake and many other distinguished guests will be present. The last occasion of this kind was eminently successful in promoting that *entente* which is its main object, and as the present gathering promises to be very enjoyable, we would advise all who can to attend.

THE BELLEUVE HOSPITAL MEDICAL COLLEGE WEAKENS.—We have received, with regret, a circular from the Faculty of the Bellevue Hospital Medical College, New York, of which the following is an extract :

" The experience of the session of 1880-81 has led the Faculty reluctantly to the conclusion that to persist in the requirement of attendance during three courses will be to incur a risk, as regards the interests of the College, which they do not feel justified in assuming ; and the purpose of this announcement is to state that, after the present session of 1880-81,

attendance during a third session will be optional, and not obligatory. This College, like most American medical colleges, is self-sustaining; and the special provisions for instruction, which have been and will continue to be maintained, call for a large expenditure of money, as well as of time and labor. With an undiminished desire to continue the requirement of three sessions, and with not less willingness than heretofore to make whatever personal sacrifices may be necessary, the Faculty feel obliged, by a proper regard for the prosperity and usefulness of the college, to return to the requirements for graduation which were in force prior to the session of 1880-81."

We have observed that there has been less "push" in Belle vue in the last few years; less advertising, diminished announcements, etc.; and this, no doubt, in part explains the failure. It is lamentable, for all that.—*Phil. Med. & Surg. Reporter.*

ABATTOIRS.—The Abattoir Company is about to begin operations in Montreal. The citizens are to be congratulated upon the consequent removal of an immense number of reeking foci of disease in the shape of private slaughter-houses.

SCIENTIFIC AFFECTION.—A French chemist is said to have condensed the body of his deceased wife into the space of an ordinary seal, and had her highly polished and set in a ring. He made a nice income by betting with lapidaries and others that they could not tell the material of the seal in three guesses, and, after pocketing the money, would burst into tears and say, "It is my dear, dear wife."

THE SIAMESE TWINS OUTDONE.—An Italian couple, Tocci by name, are at present exhibiting at Vienna a most remarkable specimen of their progeny, a pair of twins named Jacob and Baptiste. These boys are grown together from the sixth rib downward, have but one abdomen, and two feet. The upper part of the body is completely developed in each; their intellectual faculties are of a normal character, Each child thinks, speaks, sleeps, eats and drinks independently of the other. This independence goes so far as to admit of an indisposition of the one without in the least affecting the other. They are over three years old, in perfect health, and seemingly in excellent spirits.

—Dr. Imrie, House Surgeon of the Montreal General Hospital, has now quite recovered from the severe and painful poison-wound recently received in the performance of his duties. It has, unfortunately, produced a considerable degree of anchylosis of the wrist-joint and stiffness of some of the fingers. He is about to take a sea-voyage for the restoration of his health.

—Mr. Holden, in his recent Hunterian oration, told the following story, which illustrates the state of anatomy in Europe before the reformation brought about by Vesalius and Fallopius. The physicians in attendance on the Margrave of Baden Durlach disputed among themselves as to the position of his heart in his thorax, one of them contending with Galen that it lay in the middle, the rest being bold enough to affirm that it was on his left side. As this unfortunate doubt assumed the aspect of a serious practical difficulty, when it came to determining the precise spot on which should be applied the plaster which was destined to relieve the sufferings of the Margrave, it was decided to appeal to nature. A pig was therefore brought into the royal chamber, and opened in the presence of the sick man. The position of the heart was demonstrated to him: if in a pig, therefore in a prince. His highness gave way before this argument, and the plaster was placed accordingly; while the physician, who still had the temerity to defend himself by drawing an anatomical distinction between man and pig, was dismissed from the court.

—Prof. Billroth recently excised about six inches of the greater curvature of the stomach, including the pylorus, for infiltrating carcinoma. A week after the operation, the patient was doing well, and was able to take coffee, tea and other light nourishment.

—In Germany an attempt has been made to keep the followers of the homœopathic school from dispensing their own medicines, the plea alleged being infringement of the rights of the regularly-licensed pharmacists; but when specimens of the suspected pellets of sugar were submitted to chemical investigation, the report returned was, no medicine found; and the

authorities, acting upon this suggestion, ruled out the case, saying they had no power under the existing law to try pedlars of confectionery.—*Ex.*

—"Nine-tenths of the world employ a doctor to give them physic. Unmixed advice has a doubtful market value." It is a fact. Hygienic medicine is all very good in its way, but it is certainly more profitable for the doctor to open a man's bowels than to throw up his window, and to give him a sole-stirring emetic rather than to shut down on his whiskey.—*Ex.*

—A little boy, three years old, was left in charge of his infant brother, a red-hot stove being in the room. The mother returned in a few moments, and found the boy brandishing a red-hot poker, with which he had marked the baby's face and then thrust it into the infant's mouth to stop its crying; it is needless to add that the baby died.

—It is dangerous to take potassium chlorate *ad libitum*. A death, caused by swallowing a quantity of this drug, by a patient for whom it had been prescribed as a constituent of a gargle, is reported from New York.

—We beg to call the attention of our readers to the advervisement of *Marks'* Surgical Chair. Any physician who is about furnishing his office cannot do better than write to Henry Morgan & Co., the general agents, and secure one of these chairs at once. For convenience, lightness, strength and the ease with which alterations can be made, we know of no chair which is its superior. Price lists and illustrated catalogues can be had on application to the agents at Montreal.

TROMMER EXTRACT OF MALT CO.—I enclose herewith my analysis of your Extract of Malt:—

Malt Sugar, 45·1; Dextrine, Hop-bitter, Extractive Matter, 23·6; Albuminous Matter (Diastase), 2·469. Ash—Phosphates, 1·712; Alkalies, ·377. Water, 25·7. Total, 99·958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been generally received by the profession, I find it to substantially agree with this article.

Yours truly, SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

CANADA

MEDICAL & SURGICAL JOURNAL

MAY, 1881.

Original Communications.

CASE OF PARALYSIS OF DOUBTFUL NATURE IN A CHILD.

By D. FRASER GURD, M.D., M.R.C.P., Lond.

[*Read before the Medico-Chirurgical Society of Montreal.*]

On Monday, Jan. 19th, 1880, I was asked to see J. Y., a boy aged 4 years and 7 months, who was said to have been losing power in his legs and complained of great pain in head, back and legs. From his parents I obtained the following family and personal histories up to present attack: Family history good, except that the father has been subject to headaches of a neuralgic nature, having had one intensely severe attack of occipital neuralgia whilst I was treating his son. Have two other children (one older and one younger), both good-natured, healthy boys. My patient, Johnny, described to me by his mother as being the crossest and worst tempered child she had ever seen; is said to have been a healthy baby till he began cutting his eye and double teeth, during which time he was fretful and restless, and had two or three convulsions with each tooth; at this time he also sweated very much about the head. For eight months after cutting last tooth had good health, but at this time, when 2 years and 8 months old, he lost power in his right ankle and could not walk. A doctor treated him for sprain, but not improving after five months, his mother took him to another doctor, who said he was paralyzed, and applied electricity in the form of baths every second day for three weeks. Little or no benefit

following, he was ordered to the country, and leg and ankle to be rubbed; this was done, and in a couple of weeks he got all right, and was able to run about as well as ever.

This attack, which lasted over six months, I believe was paralysis. His health continued fair up to present illness, with the exception of occasional attacks of vomiting, diarrhœa, and pains in head.

Present illness began Jan. 1st, 1880, when 4 years and 7 months old. He now looked white, and veins of forehead shewed very distinctly; became more cross and restless; would often start in his sleep; had signs of weakness and difficulty in walking, and complained of pains in legs and head. These symptoms very gradually got worse until the 19th, when I was asked to see him. He was of usual height for his age, a little thin, and had the fair complexion and clear skin suggestive of tubercular diathesis. He walked with difficulty, even when holding his mother's hands, the attempt causing him to cry with pains in his legs. The feet were everted and toes dragged; the right hand appeared weak, and dropped at wrist. His mother, thinking worms were the cause of these troubles, was giving him santonine powders and opening medicine. I left orders to stop further dosing, and called again in two days to find that now both hands dropped at wrist, and that he could not stand. On examination, found paralysis of extensors of both forearms and legs; rectum and bladder unaffected; pupils normal; no fever. At times he complained of pains in back, head and legs; could not discover anything wrong about vertebræ; sensation appeared normal. He was put on Syrup Ferri Iodidi and Liq. Strychniæ, sea-salt baths, and legs to be rubbed with a liniment containing ammonia and opium. I also began the daily application of magneto-electricity, using sponges moistened with hot solution of salt to the bellies of the affected muscles, but to which the muscles did not respond at all. His condition remained about the same for ten days—*i.e.*, till Feb. 1st,—when he had a slight febrile attack, lasting a day. At this time he was given a grey and rhubarb powder; for next three days he appeared in better general health and complained less of pain. On Feb. 5th I found him very ill.

Was told he had a bad night, been delirious and restless; temperature mid-day, almost 104°F.; complained of darting pains in head. His parents requested a consultation, and Dr. Gardner saw him with me late in the afternoon of same day; the result was, the parents were told that it was a puzzling case; he might not get over it, but that his condition was not hopeless, and there was no immediate danger. A prescription of Pot. Bromid. and Aconite was ordered. Next day (6th), temperature was 99 3-5°; had a good night. 7th—Fever entirely gone, and now, as it gave him pain to press the fore-part of foot up, so as to stretch the tendo Achillis, which appeared slightly contracted, he was put on Bromid. Potass. and Iron, instead of the strychnia mixture. From this date up to the 14th his appetite improved and he slept better; paralysis unchanged. 15th—Had another febrile attack lasting a day. From this date till March 1st the muscles gradually responded better and better to the electricity which was applied regularly every day, except when he had fever. During these two weeks his general health improved, and he was able to creep surprisingly fast; but he was a pitiable-looking child, unable to walk or use his hands. His parents, despairing of his ever getting the use of his limbs, said if he could only get the use of his hands he might, when he grew up, earn a living as a shoemaker or tailor. However, they were agreeably surprised on March 1st to see the little fellow get on his feet and stagger a few steps; he walked across the room for me next day, his feet being strongly everted, and at each step the toes hung down and dragged. It was now found he could not walk at all without heeled boots, owing to slight contraction of tendo Achillis. His mother was told to encourage him in trying to walk without boots, which he was able to do after two weeks more. At this time, too, he could extend the fingers, but was not able to raise the hand on a level with the forearm held horizontally. From now onward the extensors of the forearms and legs gained power, so that by the 24th March he could use his hands and walk fairly well, to the great satisfaction of his parents and medical attendant.

I think, even in this meagre report, you may see reasons why a difficulty was found in getting at a diagnosis. As I was unable

to find any of the causes producing peripheral paralysis, I could not place it under that head, and I do not think it to have been a case of ordinary infantile paralysis, not only from the peculiar features of the case given in the report, but also from what I observed at a hasty examination made to-day. I found the little fellow had been pretty well since his recovery, now over a year ago, but his mother said that for some months past he has at times had attacks of swelling and hardness in the calves, accompanied with severe pains. Oh feeling his legs, I was surprised to find his calves beautifully developed and as hard as an athlete's, quite a contrast to his brothers'. This tonic spasmodic condition is confined to the muscles of the back of the leg; it does not hinder him from running about, though a constrained action in the movements of the legs is observable.

BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women, &c.

The Treatment of the Third Stage of Labour.—During the last few months a spirited and somewhat acrimonious discussion on this subject has been going on in German gynecological periodicals. During the discussion the method of removing the placenta, known as Credé's, has been attacked and advocated by turns. Certain of the writers have attributed ill consequences to this method. The discussion has elicited a long article from Credé, which appears in the *Archiv fur Gynækologie* (Band XVII. Heft ii, 1881). In this paper the author complains that the procedure credited with these ill consequences has not in reality been his at all, but has differed from it in some most important particulars, against the practice of which he was careful to warn in his original article describing the method, published in the *Monatsschrift für Geburtskunde*, (1860, Band, XVI. S. 345.) In the present article Credé quotes his original description, which we think it may be useful, in view of the discussion, to translate. After asserting that the most important point in

the method is the application of the pressure by the hand at the proper moment, the description continues:—"The whole hand is placed gently over the uterine region, and made to execute gentle stroking movements over as large an extent as possible of the uterine surface, till beginning contraction is perceived. Then the uterus is grasped with the outspread fingers and palm of one hand, if sufficient, if not, with both hands, and at the moment when the contraction has attained its greatest intensity, strong pressure is made over the fundus and walls of the uterus in the direction of the hollow of the sacrum. The placenta and blood-clots which may have accumulated in the uterus are now, as a rule, suddenly and forcibly expelled from the external parts, the uterus again rising to its original level, which, indeed, in most cases, it has scarcely quitted. Pressure over the uncontracted uterus, with a view of removing the placenta, is faulty and will not attain the object in view."

Diagnosis of the Placental site is obviously of the greatest possible consequence in the old Cæsarean and the Porro operations. The prognosis of these operations depends to a great extent upon the site of the placenta. If this be the anterior wall, as it is with great frequency, the prognosis is more unfavorable. If the placenta could always be avoided the prospects would be greatly improved. Dr. Halbertsma, Professor of Gynæcology in the University of Utrecht, proposes for this, puncture of the uterus with a probe-trocar. If the instrument strike the placenta when it is introduced for some distance, blood only escapes; if liquor amnii escapes or fœtal movements are felt on the canula then the placenta has not been touched. Halbertsma has actually practised and proved the value of this method in a Porro operation. In this case the placenta was situated on the anterior wall, but more to the right side than the left. The uterus was strongly directed over to the right, and incised as much as possible to the left side, and the placental site so avoided. By this puncture the liquor amnii may be evacuated before incision. This is important, especially in head presentations, in which there is usually some retention of liquor amnii, which having become septic from rupture of the membranes some time pre-

viously, must, if possible, be prevented from touching the peritoneum. By this method also the uterus is more strongly contracted and so the danger of hæmorrhage lessened if the old Cæsarean operation be selected. Halbertsma is of the opinion that if we can always diagnose the site of the placenta, Cæsarean section will lose one of its chief dangers and supersede the mutilating and castrating Porro operation. (*Centralblatt fur Gynækologie, No. V.*, 1881.)

Chloral-Hydrate, its uses in Obstetric practice.—Dr. H. H. Kane of New York, in a very long article (*American Journal of Obstetrics* for April, 1881), in which he cites the opinion of a large number of obstetricians, American and foreign, states that when properly used in labour at full term, normal or complicated, chloral has a three-fold action: to blunt sensibility to pain (the production of a state of partial anæsthesia), to hasten dilatation of the mouth of the womb, and to increase the force and frequency of the uterine contractions. It is especially serviceable in quieting those teasing and irritating pains that sometimes precede by hours or days the commencement of normal labour. It is valuable in quieting hysterical and nervous manifestations. Even when pushed to anæsthesia, it does not destroy the force of the uterine contractions. The alleged danger of post-partum hemorrhage has no foundation in fact. Dr. Kane further concludes that in moderate doses it is never dangerous; that the slight delirium that sometimes occurs is usually removed by an additional dose of the drug, and need occasion no alarm; that it is rarely necessary to give more than one drachm in any one confinement; that it is best given by the rectum in the form of enemata or suppositories. The required quantity of the drug is beaten up with one or two raw eggs, and a little warm milk may then be added. When this is thrown into the rectum it acts rapidly, causing no irritation. To each dose Kane usually adds ten drops each of the tinctures of opium, belladonna, and digitalis.

It is, however, according to Dr. Kane, in puerperal convulsions that chloral hydrate has scored its greatest triumphs. He refuses to accept the evidence upon which is based the opinion

of Playfair and others, that, although of great value as a remedy in this disease, large doses may so disorganize the blood as finally to favour death. Dr. Kane does not, in our opinion, give due credit to other remedies, especially morphia in large doses, which is undoubtedly most valuable in a class of cases uninfluenced by chloral. A synoptical table of 62 cases, condensing divers observations on puerperal eclampsia treated by chloral, is appended. The author agrees with Dr. Leo Testut, the writer of a recent paper on the subject, in advocating the necessity for large doses and in advocating the rectal method of administration. Indeed we are often compelled to resort to this method or the alternative hypodermic injection (which is apt to cause sloughing) from the inability of the patient to swallow. A valuable hint in the rectal method is to pass the drug well up the bowel by attaching a large soft catheter to the syringe. Absorption is perhaps more rapid than in the rectum. At all events there is much less liability to expulsion during a pain.

Ueber die Wirksamkeit des Chloral Hydrates bei Krampfwehen, "On the efficacy of Chloral Hydrate in Spasmodic Uterine Action," by Dr. Spöndly of Zurich.—By the term used the author means a spasmodic contraction of a part, commonly the lower segment of the uterine muscle with relaxation, more or less marked, of the upper parts. Every obstetric practitioner will admit that it is most desirable to be able to remove this condition, causing as it does increased suffering, nervous disturbance, and sometimes undeniable danger to mother and child from prolonged labour. Chloroform and chloral have both been used to combat these symptoms. Since 1876 Dr. Spöndly has used chloral hydrate, and in this paper gives a brief synopsis of the results in 46 cases. Of these 33 were primiparæ of ages varying from 21 to 37 years, the majority being between 23 and 30. As regards causes Dr. Spöndly believes that undue irritation of the lower uterine segment is common. In 15 of his cases there was early escape of the liquor amnii; in 3 contraction of the pelvis; in 1 administration of ergot during first stage by a midwife. Another common cause Dr. S. believes to be exposure to cold. In support he points

out the fact that such cases occur in clusters in cold and damp weather. This cause operated in 8 of his cases. In a few mental depression seemed to be the cause. In 8 cases no apparent cause was detected.

As regards the results of the chloral treatment, it is necessary to premise that in most of the cases which, as is usual in Germany, were in the practice of midwives, a variety of treatment had previously been practised. Such were sitz baths, full baths, warm vaginal douches, sinapisms, morphia, Dover's powders, ipecacuanha, &c. In 14 cases the uterine action was changed very quickly; in 17 cases, in two or three hours; in 7 after a longer time; in 4 cases it was ultimately necessary to use chloroform. In his earlier experience Dr. S. used chloral hydrate alone, but subsequently added a small dose of acetate of morphia. From this combination he obtained better and speedier results. (*Zeitschrift für Geburtshülfe und Gynakologie*, Band VII., Heft i., 1881.)

The Treatment of Mammary Abscess.—Dr. Hiram Corson, of Conshohocken, Pennsylvania, in a paper published in the January (1881) number of the *American Journal of Obstetrics*, strongly advocates the use of ice in the treatment of this (as every experienced accoucher knows) at times most troublesome affection. Dr. Corson's experience of the remedy extends over 27 years of general practice. He does not confine the application of the remedy to the so-called congestive cases, but after suppuration, and even after evacuation of the pus, still uses it, believing that it alleviates pain and heat, and lessens the extent of the disease more effectually than any other remedy. The method of application is by ice-cold water cloths, or what is much better, a bladder or rubber bag filled with ice and enough water to float it. This remedy well deserves a trial. There is no good reason why it should not be as valuable in this as in other inflammations, glandular and visceral, in which the experience of continental (chiefly German) physicians has long ago demonstrated its efficacy.

On a New Method of Performing Ovariotomy.—This is the title of a paper by Dr. Noeggerath in the *New York Medical*

Journal for February of the present year. Dr. N. is a firm believer in Listerism, which he practises in its minutest details. When the operation is to be done in a dwelling or private room in a hospital, (when the latter is not provided with isolating cottages, as in the case of the New York Woman's Hospital,) he begins by removing carpets, bureaus, furniture, pictures, etc. The floor, walls, and ceiling are washed first with water, and then with a 1 to 40 solution of carbolic acid, on the day before the operation, after which vessels of chlorine-water are placed in the room and in front of the doors. The wash closet, if any be present, is then hermetically sealed up; all water to be used afterwards is carried in from without. The mattresses have meanwhile been aired, and the bed-clothes, the suit or suits which are worn during and after the operation, and the towels, have been washed in carbolic acid solution. On the evening before the operation all the last named articles, with two wooden tables, a chair and an iron bedstead or a stretcher, are placed in the room, which is then thoroughly fumigated with sulphur. The outer dress of the nurse is also disinfected. After the operation the room is heated by a grate fire, and a kettle with carbolic solution is suspended so near the fire as to produce enough evaporation to make the odour perceptible.

Having made these preparations, and the ordinary rules of antisepsis being carried out during the operation, the author discusses the danger to be combatted. Excluding unusual incidents, as exhaustion from fatty heart, or sclerosis of arteries, tetanus, strangulation of intestines, there are three sources of danger: hæmorrhage, shock and septicæmia. Regarding the avoidance of hæmorrhage, Noeggerath has nothing new to offer. Shock is assumed by him to be equivalent to loss of temperature. The assumption is based on facts learned by experiments on lower animals and observations on cases of ovariotomy. The causes of lowering of temperature in the operation as ordinarily performed are, exposure of the peritoneum, contact of fingers, instruments, sponges, &c., with the contents of the abdomen; narcotism with its paralyzing effect on the heart, and its lowering effect on temperature, and vomiting. To lessen the tendency

to vomiting N. uses chloroform rather than ether, which he formerly employed. One drachm of potassium bromide is given to the patient on each of the two days before, and half a drachm on the morning of the operation. After the operation one or more doses of thirty grains of chloral are given per rectum. To prevent lowering of temperature, the patient, during the operation, is laid on a rubber bed filled with water at 100° to 102° Fah. This method has another advantage in that it produces a condition of anæmia of the abdominal organs by the effect of heat on the reflex centres in the spinal cord. This effect, it will be remembered, is that produced by Chapman's hot water spinal bag. The old method of heating and moistening the air of the operating room is abandoned.

The third and most important danger, the formation of septic material in the abdominal cavity Noeggerath believes to be much lessened by his method of operating. The following is his description:—"I commence by incising the skin, the subcutaneous layer of fat, and the fascia superficialis to the extent of about three inches. Instead of going on incising the tissues down to and through the peritoneum, I plunge the trocar at once into the cyst and empty it out; if I find that the liquid is bland, I proceed with the operation; if it should contain pus, decomposed blood, or dark, grumous fluid, I inject through the tube attached to the trocar about half as much of a 2½ per cent solution of carbolic acid as the fluid measured when removed. This is allowed to remain in the cyst for a while and is then withdrawn. It is done in order to remove the possibility of infecting matter passing from the cyst into the abdominal cavity during the further progress of the operation. After the cyst is fully emptied, I depress the handle of the trocar toward the skin below the umbilicus, thus carrying all that section of the tumour which lies below the opening of the trocar against the anterior abdominal wall. Now, the uplifted portion of the latter is incised upon the trocar as a guide down to the cyst-wall, which is lifted up and out of the peritoneal cavity by the instrument inside it, after which the pedicle is tied and the cyst removed."

The advantages of this proceeding over the ordinary method are claimed to be: I. Simplification of the operation, since the search for, and the separate opening of the peritoneum are done away with. 2. The chances of air, instruments, and hands, contaminated with septic material, entering the abdomen are considerably diminished—partly because the time during which the peritoneal cavity is exposed to their contact is shortened by just so much as it takes to empty out the sac; partly because the cyst collapses before the cavity is opened, and suction originating from the unequable contraction of the sac and the abdominal walls is done away with. 3. Noxious contents of the tumour are much less apt to get into the abdominal cavity than by ordinary procedures, and they can be rendered harmless by previous disinfection. 4. The opening in the peritoneum is generally smaller than by the old method. It is always adapted to the requirements of the case. After a small section of the cyst, say half an inch, is laid bare, and it is drawn upon by the trocar, the length of the succeeding incision is determined by the thickness of the cyst-wall; the further enlargement of the wound is done while the sac is being lifted out, gradually, and stopped the moment it is entirely outside. 5. The shock of opening the abdominal cavity is shortened by just so much time as it takes to empty out thecyst.

As to extent of applicability the author at present knows of only two contra-indications. 1. A preponderance of solid over liquid portion of the tumor, or where the whole mass consists of very small cysts or semi-solid contents, too thick to pass through the canula. 2. A small sac either originally so or reduced by previous tapping—on account of the danger of encountering a loop of intestine in front of the cyst.

In ordinary cases the patients are left for the first week after operation on the water bed. Hyperpyrexia is controlled by filling the bed with cold water, which Noeggerath finds to be as efficient as the Kibbee cot so highly praised by Thomas, and less fatiguing to the nurse or disturbing to the patient. He believes that drainage of the pelvic cavity as now practised by surgeons, whatever be the material or its shape, is a source of

great danger. "I have been present at quite a number of post-mortem examinations, where death followed after the use of the drain, and there were evidently two causes of this ill-success. In one set of cases the pelvic cavity was thoroughly drained, while the supra-umbilical portion of the abdomen was full of decomposed fluid. In another number of instances the parts in the immediate neighbourhood of the drains were thoroughly clean, while to the right and left were deposits of offensive pus formed in pouches, and separated from access to the drain by adhesions formed after the operation. I have, therefore, employed a new method of after treatment for cases where drainage is indicated. It consists in the use of the permanent full warm bath, the water being allowed to come and remain in the peritoneal cavity." The apparatus used by Noeggerath consists of a large tank of boiler-iron, joined and riveted like a steam boiler, having beneath it a chamber of about two inches in depth, for the reception of steam, in order to maintain the temperature of the water at an equal rate without such frequent changing as would be otherwise necessary. All along and outside its upper border are projecting iron pegs for the purpose of attaching a hammock, on which the patient lies in the water. The bath is connected with hot and cold water pipes, and with steam pipes. The bath, thus arranged, is so perfect in its arrangements as to require little attention. The result of this treatment in the cases in which it was practised was that, although in some peritonitis occurred, the temperature was but slightly affected. Further evidence in its favour is furnished by the fact that warm water continuously applied, has been used from time to time in the treatment of wounds, especially lacerated wounds. Within the last year Verneuil has called attention to its value in treating certain wounds which were threatened with destructive suppuration. An explanation is suggested by the fact established by the experiments of Wernich (*Berlin Klin Wochenschrift*, Nos. 4 and 5, 1880), that water in abundance is one of the most potent agents for destroying bacteria. The number of cases treated thus by the author does not justify him in shaping any final

indications for its use. He believes to have, however, established one contra-indication, and within its scope are comprised patients with weakened constitutions. The drain on the system from loss of serum and fibrine is severe. He proposes to employ the permanent full bath as a substitute for ordinary drainage in ovariotomy, Freund's operation, after the removal of fibroid tumours, and after Cæsarean section

The Relation of the Ovaries to the Brain and Nervous System is the title of a most valuable and timely paper in the *American Journal of Obstetrics* for January of this year. A thorough knowledge of this subject is obviously of great consequence. It is especially so at the present time, when the Battey operation is being performed for a variety of conditions and symptoms. The paper is too long to be conveniently abridged. We can only quote a few of the points. To our mind an important one is this :—"That many neuroses formerly and even now believed to be caused by uterine disease are really due to ovarian disease. Hence the importance of thoroughly investigating the condition of the latter organs in every gynecological case." Another most important statement, which we believe to be equally true with the first, is that :—"Pelvic pain and reflex nervous symptoms caused by the contracting products of pelvic peritonitis and cellulitis are often mistaken for ovarian disease." The history of Battey's operation shows that in many of the cases submitted to it there were old adhesions surrounding the ovaries. A case related by Dr. Battey, at the last meeting of the American Medical Association, illustrates this point. The old adhesions were so great as to render removal of the ovaries impossible, but the patient was much relieved of her sufferings by the attempt. The benefit came, no doubt, from breaking up the old adhesions, and thereby relieving, for a time, the tension and pressure upon the pelvic nerves, and it is doubtful if a better result would have been obtained if the operator had succeeded in removing the ovaries. The diagnosis between actual ovarian disease and the pain caused by the products of an old inflammation is often quite easy, according to Dr. Skene :—"The past history of the patient, preternatural immobility of

the pelvic organs, detected by manual examination, the irregularity of the paroxysms of pain, are generally sufficient to show the nature of the affection." The question of marriage in cases of ovario-neuroses is obviously of very great consequence. The fact that it is generally beneficial in irritable and congested conditions of the ovaries, and disastrous in inflammatory affections and prolapses, furnishes us with the best practical rules to guide us as to the advice which will often be asked of us in such cases. The sedation which follows functional action—normal cohabitation—in congested, irritable states of the ovaries, is as marked in its restorative action upon the nervous system as inaction is detrimental. Not much that is new in the way of treatment is suggested in Dr. Skene's paper. For functional inactivity and defective development, electricity is highly commended. Any definite lesion is to be treated, prolapse may be remedied by appropriately constructed pessaries or tampons. Postural (knee-chest position) several times a day, as long as the patient can bear it, is valuable. Pain and tenderness due to congestion or inflammation may be relieved by iodine and iodoform, per vaginam and belladonna suppositories. Counter-irritation to the iliac regions by iodine, blisters, croton oil in ether, and the actual cautery, have all been used with benefit. Internally the bromides in full doses are of great value. Bromide of sodium often agrees best with the irritable stomachs of women suffering from ovarian neuroses. In every case all possible means to restore and maintain strength are important; thus tonics should be combined with bromides. It is of the utmost importance to regulate the bowels. Constipation greatly aggravates the sufferings, especially if the left ovary be involved. The narcotics, opium, chloral and alcohol, often give great relief, but are dangerous from the ease with which the habit of taking these drugs is acquired by this class of patients.

LONDON LETTER—NOTES ON DERMATOLOGY.

By T. W. MILLS, M.D.

I did not find myself under any necessity of visiting the special hospitals for the diseases of the skin, inasmuch as the

London hospital being located in a densely populated and poor neighborhood furnishes a skin *clinique* of vast proportions. It is held once a week under that most careful and accomplished physician, Dr. Stephen Mackenzie; and the fact that from 200 to 300 patients present themselves on each occasion does not deter this physician from entering carefully into the conditions and appearances in each case. It need not be remarked that such an extensive experience as this *clinique* affords him gives the ability to make rapid as well as correct diagnosis. A Canadian physician attending the practice of this hospital (and I know of none that offers the same advantages) said to me after spending one morning among these cases: "There have I seen more cases of skin disease this morning than in all my life before; there is not so much dirt in all Canada." However, even dirt has its instructive aspects—though that factor is only one among the many that render skin diseases a complex and difficult study as to etiology and treatment. Of all the forms of cutaneous affections seen, the greatest proportion by far is comprised under Scabies and Eczema. So protean are the manifestations and varieties—we might almost say of these—especially Eczema, that it is not surprising at all that the old writers made distinct diseases of its numerous forms; but happily for the learner, as well as for science, the complexity of the classification and nomenclature of dermatology is being rapidly simplified. It is neither scientific nor in any way expedient to have half a dozen kinds of Scabies recognized and named. It would be as philosophical to call the different stages of Variola different varieties of the disease; on the other hand it is instructive and interesting to trace the re-codification in a disease—cutaneous or other—arising from a distinct cause, but modified by a variety of circumstances, which in cutaneous affections, at least, can frequently be clearly recognized.

In this age of book-making, of flooding the market with works neither needed nor original nor in any way meritorious, it is a great pleasure to refer to a most excellent little volume on skin diseases, by Dr. R. Liveing, physician to the department for Cutaneous affections at the Middlesex Hospital. He has greatly

simplified this perplexing subject, though it seems to me there is room for still further change in this direction, if I may venture to express an opinion. Fewer cases of psoriasis presented than I expected, and I do not know that I have observed anything essentially new in the treatment. Dr. Mackenzie believes most thoroughly in local treatment, and this is always insisted upon no matter what the affection, though the general health and internal remedies of tried potency are not overlooked. The Liquor Carbonis Detergens—an alcoholic solution of tar—is a favorite remedy in psoriasis and allied affections. Chrysophanic acid is used of the strength of 5 grs. to the ounce generally, and I have heard it on no occasion indicted by the patients, indeed no complaints whatever of it.

Treatment of Eczema.—The treatment is based upon the belief in local remedies and on the principle of having some form of application *constantly* applied. As a rule the patient is given a lotion to apply at night and an ointment for use during the day. Of course, scabs are to be removed in every case before the remedy is used; but it will be noticed that by the use of a lotion this end is largely attained without other precautions. Patients are also directed to wash the affected parts less frequently than usual and to apply the remedies *abundantly*. As the remedies for Eczema used here are all probably well known to your readers it will not be necessary to mention them. Should we make Porrigo and Impetigo separate forms of disease or merely varieties of Eczema? The tendency at present is against considering them as other than Eczema of the scalp, &c. The treatment for them is practically as for Eczema elsewhere with slight modifications arising from the locality affected. The dilute citrine ointment proves an excellent application in these cases; also glycerole of carbolic acid.

Scabies.—In cases of doubtful diagnosis—and such cases do fall to the lot of the most experienced men, if of the careful, conscientious class—the only satisfactory method is that followed by Dr. Mackenzie, who searches for the *acarus*, picks it from its burrow with a needle, and places it under the microscope. *Treatment*:—In severe cases or those that do not speedily

yield to the application of an ointment, a sulphur bath is given the patient at the hospital. The ointment invariably used is not the sulphur ointment of the B. P., but the "*Compound Sulphur Ointment*," the formula for which varies at the different hospitals. As this is an important remedy I append the formula used at the London hospital.

℞ Sublimed Sulphur - - - - - 4 drms.
White Hellebore - - - - - - 1 do
Nitrate of Potash - - - - - ½ grain.
Soft Soap - - - - - - - - 4 drms.
Prepared Lard - - - - - - 2 oz.

This, moreover, is the local application for acne. But with it is given internally Citrate of Potash in drachm doses; and this failing Sulphide of Calcium Pills gr. 1-10 to ½; but though such treatment is frequently successful, it often fails wholly or in part, to remove acne.

A disease of which a great many examples are to be seen in its various forms is *Lichen*. This affection is not always easy to recognize, but as *itching* is almost always present a correct diagnosis may with care generally be arrived at. *Lichen planus* so closely simulates Psoriasis that it may now and then be very difficult to be certain; such a case I saw and most obstinate it was to all kinds of treatment. The Liq. Carbon. Detergens and Lot. acid carbolic 1-20 are useful and relieve the irritation. Among forms of Skin diseases that were seen but seldom—even in this vast throng of the superficially afflicted—may be mentioned Ichthyosis, a sort of sclerosis with eczema. Dr. Mackenzie and others believe that Hebra was in error in stating that it is *always* congenital. The case I watched for some weeks improved very greatly under the use of Glycerole of Starch applied very freely. Glycerole of Lead is always found useful.

Subcutaneous Nodules in Chorea and Rheumatism.—Dr. Thomas Barlow was the first, I believe, to call attention to certain peculiar growths—subcutaneous—with no kind of discoloration—and altogether so unobtrusive that they might be easily

overlooked. As yet little is known of them and further study and observation are called for.

Favus is in England a rare disease—extremely rare. I am not sure that I have seen a single case myself.

Lichen Urticatus, or, as more descriptive, *Urticaria Pigmentosa*, is a most interesting phenomenon. I saw several cases, all in children under 6 years of age. There was decided pigmentation of the flattened papules, nodules or wheals; for they were really chronic wheals, as was proved by subjecting them to irritation (rubbing), when they became red and assumed all the appearances of acute urticaria. But the disease is decidedly chronic, and obstinate to treatment.

I omitted to give Dr. Mackenzie credit for an observation not noted by writers in connection with *Psoriasis*, viz.: that it occurs in brunettes, those of the darthous temperament, most frequently.

Pityriasis Rubra.—Dr. M. had in his wards for some months a most marked case of this disease, occurring in a man of about 40 years of age. He has lost not only the hair of the scalp, but the eye-brows, &c. The scales were large and numerous, so much so that at each visit they might be heaped up in the bed; the skin was red and extremely irritable, and the entire body was affected. The disease, though most intractable under treatment, finally greatly improved with the prolonged use of arsenic and the local application of glycerole of lead.

Vaccination.—It is a matter of great practical importance to be aware of a fact that has been abundantly illustrated in this *clinique*, viz.: that, after vaccination, however healthy the graft, an old skin eruption may return, and that an obstinate prurigo may follow varicella and other exanthems.

The use of Arsenic in skin diseases.—Those of great experience tell us that it is of the most value in dry and relapsing forms.

Molluscum Contagiosum.—Several cases in children were seen. In the contagious form, apart from the situation (around the eyelids and other parts of the face), the central depression, a sort of umbilication in a smooth nodule, makes the diagnosis

positive. *Treatment:*—Puncture and expression of the sebaceous-like contents is the principal part, to be followed by the application of the dilute citrine ointment, or some such remedy.

Alopœcia Areata.—Not a few cases were observed; but in one instance, without any assignable cause, a girl of about 12 years of age had lost the hair of the entire scalp, also the eyebrows, &c. The treatment consisted in painting the whole scalp, weekly, with Liq. Epispasticus of reliable strength—a painful, but as yet the only effective method known. The subject, Mr. Editor, is one of great scientific and practical interest, but I must not further trespass on your space; the more so as I fear these imperfect notes of mine can avail little towards imparting any increased knowledge of cutaneous diseases, if, indeed, any writing can; for, above all others, skin cases must be seen, and seen in great numbers to be really known.

P.S.—It gave my Canadian ears great pleasure to hear Dr. Coupland, in his lecture on Anæmia before the Royal College of Physicians, refer in the same breath to the investigations in the pathology of the subject by Pepper, Cohnheim, and "Dr. Wm. Osler of Montreal, a member of this College."

CASES IN PRACTICE.

By R. L. MACDONNELL, B.A., M.D.

Case I.—*Paralysis of the Facial Nerve caused by the sting of a bee.*—On the 27th May, 1880, I received a letter from a patient, whose age was about forty and whose general health was excellent, informing me that he had been stung by a bee the week previously, immediately over the left eyebrow. He says, "I can only wink with my right eye. The eyelid of the left eye remains motionless. My mouth is crooked, and I have no power over the left side of it." In a week he came up to town, and I found that his condition corresponded with his description of it, in fact that there was paralysis of the left facial nerve. After the application of faradization along the course of the facial he recovered very rapidly.

CASE II.—*Sweaty Feet.*—A clerk, æt. 20, a strong, healthy lad, brought up in the country, came to me in April, 1880, complaining that his feet sweated so much that he was obliged to change his stockings two or three times a day. The perspiration was not in the slightest degree offensive. Though his occupation was a sedentary one, he was always in the habit of taking plenty of exercise. Before coming to me he had used liniment of belladonna, but without the slightest benefit. Small doses of atropia were given internally, its usefulness in the sweating of phthisis being taken into consideration. At the end of a week the report was decidedly unfavorable. There were symptoms of belladonna poisoning, but no improvement in the feet. The remedies subsequently used were the following:—Belladonna liniment with vinegar washings; Hebra's diachylon ointment smeared on the patient's stockings; this was followed by a dusting powder of salicylic acid, starch and talc; then oxide of zinc was used, when, just as I was about to advise the bathing of his feet in hydrochloric acid and water, he suddenly came to the conclusion that the game was not worth the candle.

Can nothing be done for this condition? I would gladly receive a hint from any reader of the CANADA MEDICAL & SURGICAL JOURNAL. In a *Lancet* of the date of the great Exhibition in London there is a list of remedies, but all seem ineffective.

CASE III.—*In-growing toe-nail—Avulsion a failure—An old plan of treatment successful.*—A lad, æt. 18, who had suffered from ingrowing toe-nail all his life, and whose father and brother both suffered from the same cause, came under treatment in August, 1878. Various palliative measures were for a time successful, such as the excision of a V shaped piece of the nail, rasping down the middle, stuffing with lint and bits of dried sponge. In the following January I removed the whole nail, as it had become very painful, and a large granulating surface raised upon one side of it.

In the following August the new nail was just as ill-formed as the old one, and cut into the flesh on one side, producing the usual granulating ulcer.

I tried what I then thought a new and original plan. Having taken out of the nail as large a V shaped piece as I could without wounding the quick, I bored holes in the free edges of the V and passed silver wires through them. With pincers the wires were tightened, drawing the outer edges of the nail away from the ulcerated surface. Underneath the latter were placed little wedges of sponge tent. The patient tightened the wires every two or three days and replaced the sponge tent. The greatest relief was afforded, and the nail has given him no more trouble.

A few weeks ago I discovered that this plan of treatment was described and spoken favourably of in *Malgaigne's Operative Surgery*, and named the proceeding of M. Faye.

CASE IV.—*Choreic movements of one foot—Mitral murmur—Successful treatment by Digitalis.*—A. B., æt. 18, a beer-bottler, a tall, thin lad, with a dull, stupid expression, came to me on the 23rd August, 1879, complaining of an involuntary spasmodic movement of the right foot which occurs about three or four times a day, lasting four or five minutes. The foot is moved from side to side quite slowly. This state of affairs has existed for about five weeks. His father and mother, as well as his five or six brothers and sisters, are in excellent health and show no tendency to any neurosis. Has never had rheumatism or scarlet fever. About three years ago he suffered from what seems to have been slight epileptiform seizures for which he was successfully treated by the late Dr. John Bell. There is a loud systolic bellows murmur at the apex with irregularity of the heart's action. Has never suffered from any symptoms of heart disease. Ordered five minims of tincture of digitalis to be taken three times a day.

Aug. 31*st.*—Movements have ceased. Heart's action more regular. Slight vertigo.

Sept. 7*th.*—No return of movement. Suspend the digitalis for a week.

Sept. 14*th.*—The movement returned two days ago. Continue digitalis.

The patient gave up his medicine on the 5th October, and up

to the present day there has been no re-appearance of the symptom whatever.

CASE V.—*Unusually severe simple Anæmia.*—On the 3rd March, 1880, a young girl, æt. 20, was brought to the Montreal Dispensary in a cab and carried into the consulting room. Her face was pallid and swollen and her legs were very œdematous. Said that a week ago she had caught cold and had at once to take to her bed. Was suffering no pain. Judging merely from this history and from her appearance that the case was one of acute tubal nephritis, I sent her home, and on the following day investigated the case more fully. Her father had died of smallpox; her mother, and her six brothers and sisters, were in good health. Has never had scarlet fever or rheumatism. Always been a stout, apparently healthy girl, but has always suffered from leucorrhœa, and irregular, scanty menstruation. Nine days before the legs began to swell, though she had been puffy about the face for some time previously. Had no vomiting, lumbar pain, nor any symptom connected with the urinary organs. Heart sounds normal. Lungs healthy. Slight tympanites. After treatment with pills of the carbonnate of iron she was able to walk to the dispensary and back, a distance of more than two miles.

Of course it is not unusual for anæmia, when neglected, to go this length, but this case is put on record merely to show how closely it can resemble acute Bright's disease. A teacher could scarcely have found a better illustration for his class of the appearance of a patient with this latter disease.

CASE VI.—*Ulcer over the inferior maxilla caused by a carious tooth.*—On the 28th January, 1881, Patrick Murray, æt. 10, came to the Montreal Dispensary. He was a delicate strumous lad, with a decidedly bad family history, his mother being now in the Montreal General Hospital with very advanced phthisis. Three months ago he received a slight blow with a stick on the right side of the lower jaw, causing a break in the skin just below the angle of the mouth. This wound never healed, but an ulcer remained with deep base and hard elevated edges. The surrounding tissues were much indurated and felt as if glued to the bone. The ulcer was as large as a five cent piece, and

discharged slightly. Could not find any sinus leading from it to the bone. Did not complain of tooth-ache at all, but on examination the first molar of the right lower jaw was seen to be carious. Dr. Alloway kindly extracted the tooth, and at its roots found a considerable amount of pus. In about ten days the ulcer completely healed.

NOTE.—I have many opportunities of seeing the woman whose acne yielded to the chrysophanic acid treatment (CANADA MEDICAL & SURGICAL JOURNAL, Vol. viii., p. 351). There has not been the slightest return of the disease.

Correspondence.

To the Editor of the CANADA MEDICAL & SURGICAL JOURNAL.

DEAR SIR,—The matter of consultation between regular practitioners and homœopaths has recently been brought prominently before the public in connection with the attendance upon Lord Beaconsfield during his fatal illness. The moment, therefore, is opportune for asking a few pertinent questions with reference to the established usages of the profession on the point in this country, and especially in this city. Is it in accordance with the rules of etiquette which should govern members of a regular medical society to meet a homœopath in consultation? A unanimous negative would probably be given to this query. If so, how is it that I hear rumors of such consultations being held by some leading members of our Medico-Chirurgical Society? Are these rumors true? Again, amongst those who admit this general principle, is it right that exceptions should be made of cases requiring surgical operations or operative assistance in confinements? A recent case of the last-mentioned kind has come to my knowledge, where one of the homœopaths of this city, finding difficulty in a case of midwifery, sent for a well-known practitioner, member for many years of the Medical Society, who consented to meet him and completed the accouchement! Is *this* right? The only argument I have ever heard advanced to cover this proceeding has been the plea of humanity. The patient must not be allowed to suffer, it is said, owing to the

differing ideas of medical men. True, but this need not be. To my thinking, under these circumstances, the proper thing to be done is for the consultee to decline any connection with the case except the former attendant retire and he be put in charge. No consultation, or appearance of consultation, should be carried on. The views of the regular practitioner and the homœopath are so utterly opposed to each other that communication between them can never serve the interests of the patient. It will not do to say, in these surgical and obstetrical cases, an *operator* simply is sent for, and having operated, retires. For surely, when a second physician is called in, he is expected to give the case his consideration, investigate all the circumstances present, and give an opinion as to the advisability or otherwise of operative measures. Does not this almost necessarily imply *consultation.* His opinion might be influenced by the treatment already pursued or intended to be followed, &c. Does not this necessitate communication with his colleague ? Suppose, for example, a case of puerperal convulsions with a homœopath in charge ; a physician might be asked to come and deliver the woman. He comes, and finds the condition such that, in his opinion, it would be wiser to delay further procedures, *provided proper means were taken to arrest the eclampsia.* What is he to do? Shall he operate against his better judgment or shall he gravely consult as to the proper dilution of a known potency to promote the desired end ? This is an example of the dilemmas which must certainly arise when attempts are made to go outside of the strict interpretation of the laws of etiquette governing consultations.

I must apologize for having occupied so much of your space, but I believe the subject is one of some *real* importance.

I remain, Sir, yours truly, M. D.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—I have a grievance to lay before you and I think you will sympathize with me. I complain of the prices charged for medicines to my patients by some of the druggists in this town. It is a well acknowledged fact that in some cases the druggist's bill exceeds, or nearly exceeds, the charges made for medical

attendance. A few instances in my own experience, I will mention. The following prescription cost seventy-five cents:

℞ Zinci Sulphatis, . . gr. viii.
Aquæ dest., . . . ℥ viii.
Sig. The Lotion.

A patient for whom lead and opium pills had been prescribed complained that though the symptoms had been relieved by them, yet she thought sixty cents a large sum to pay for six pills. A few days ago I bought four dozen of these pills for twenty-five cents.

When the public hear of these things they think, that of course the profession receive a percentage of the profits. As I receive no such inducements, and as many of my brethren are in the same independent position, I think that we should combine to protect the pockets of our patients. The following remedies suggest themselves to me:—(1.) The dispensing of many of our remedies ourselves. This might be done to a considerable extent without allowing it to encroach too much upon our time. (2.) We might, at least, modify the abuse by an open discussion of the question at the Medico-Chirurgical Society. (3.) We might so represent the matter to the new Co-operative Association as to induce them to establish a dispensary where a purely prescription business would be done. This last plan, I am told, answers very well in London, there being at the Civil Service stores a small dispensary department where patients merely pay for the goods they get and not for the meretricious adornments of the modern druggist's shop.

This is, altogether, a matter to be well ventilated, and I have a hope that some good may result from the letter of

Your obedient servant, PRACTITIONER.

—Dr. William Pepper has been elected Provost of the University of Pennsylvania. It was believed that his energy and ability would actively bring the University's needs to the attention of the public. In short, the University wants more money and Dr. Pepper is supposed to be the best man to raise it.

Reviews and Notices of Books.

Syphilis and Marriage. Lectures delivered at the St. Louis Hospital, Paris.—By ALFRED FOURNIER, Professor à la Faculté de Médecine de Paris, Medecin de l'Hopital St. Louis, &c. Translated by P. ALBERT MORROW, M.D., Physician to the Skin and Venereal Department, New York Dispensary, Member of the N. Y. Dermatological Society, &c. New York: D. Appleton & Co. Montreal: Dawson Brothers.

The profession has reason to feel indebted, in the first place, to the author, and, secondly, to the translator of this work. There is no treatise in the English language devoted to this very important subject. All that has been written upon it is to be found in the incidental allusions to it in the various standard works upon venereal disease. And yet there is scarcely a subject in the entire domain of medicine of greater practical importance to the profession and the public. It involves not only questions of great moment of a pathological nature, but also has to do with the involvement of family and society interests which it is the physician's duty to protect. It is divided into two parts: I., Syphilis before Marriage; and II., Syphilis after Marriage. All the various questions relating to the permission to marry, the responsibility thus assumed by the physician, the modes by which contagion may then follow, hereditary syphilis, the dangers to society, are discussed in a most complete and masterly way. The author has long been known as an able and devoted syphilographer, and this work will certainly add to his reputation in that special department. So common is the disease, so insidious are its manifestations, so far-reaching are its baneful effects upon innocent persons, so surreptitiously is it apt to lurk in an apparently healthy person, such unhappiness does its occurrence in marriage cause, and thus often such great misery or the opposite depends upon the verdict of the medical attendant, that every physician should carefully investigate the diverse bearings of the subject. We all meet with it every day, and we all know how embarrassing at times these questions are, and how cautious we

have to be in our relations with families unfortunately thus afflicted. The work of Dr. Fournier will serve as an excellent guide in all these dilemmas. He enters fully into all the difficulties surrounding this matter, and gives the result of his long experience as detailed in a great number of illustrative cases.

Aids to Diagnosis.—Part I. Semeiology. By J. MILNER FOTHERGILL, M.R.C.P., Lond. &c. Part II. Physical. By J. C. THOROWGOOD, M. D., M.R.C.P., &c. New York: G. P. Putnam's Sons.

The student of the present day is remarkably favored from the fact that the best writers are found to devote themselves to producing compact little works calculated to assist him in every direction in the carrying on of his practical work in the hospital wards. Of such are the two pamphlets above noticed. They form the first two numbers of the "Student's Aid Series." Dr. Fothergill writes upon the value of various signs—objective signs—which can be observed at the bedside. As the author very well observes, "the student is often lost in surprise, not uncommonly blended with suspicion or scepticism, as to what it is which directs an experienced practitioner, as to the questions which he puts to his patients; which causes him to use his instruments of precision little, sometimes induces him to dispense with them altogether. It is Semeiology." The various systems of the body are then taken up in order and the signs showing disease carefully pointed out.

Dr. Thorowgood contributes an epitome of the physical examination of the pharynx, larynx, chest and abdomen.

These small pamphlets are very cheap and, having been prepared by such well-known authors, should be obtained by every hospital and advanced student.

The Hygiene and Treatment of Catarrh.—By THOS. F. RUMBOLD, M.D., with forty illustrations. St. Louis: Geo. Rumbold & Co.

It is not long since we had occasion to notice favorably the appearance of the smaller work of the same author upon the

hygiene of catarrh. The present treatise, however, is much more elaborate and complete, and in its latter half contains a very full exposition of the methods of medical and surgical treatment of these obstinate and, unfortunately, common complaints. In this department, after the chapter upon instruments, the management of patients, nasal and pharyngo-nasal catarrh, &c., the catarrhal affections of the middle ear are considered at some length with discussion upon the function of the eustachian tube, and the manner in which air is supplied to the tympanum through it. The functions of the soft palate and uvula and a good chapter upon operative measures concludes this part, to which are also appended a series of illustrative cases. In many places it will be found that the author holds views that are peculiar. Thus he admits that he has "gone out of the beaten track with respect to the method of making local applications," and thinks he "may have been regardless of long-established practises." At any rate, what he recommends is, no doubt, the result of long and extensive experience, and can, therefore, probably be followed with advantage. He has almost entirely discontinued the use of the Eustachian catheter, the reason given being that "it has been superseded by methods that are not at all irritating." "It would not surprise me," he says, "if Politzer's and Gruber's methods would place the Eustachian catheter in the drawers where we preserve our discarded instruments." The book is, on the whole, one which it would be well for all general practitioners to buy and to read.

Aphorisms in Fracture.—By RICHARD O. COWLING, A.M., M.D., Professor Principles and Practice of Surgery, University of Louisville. Louisville, Ky.: John P. Morton & Co.

This is a small pamphlet containing 151 aphorisms or dogmatic statements concerning fractures and their treatment which are founded upon the author's own extensive experience. His motto is claimed to be "simplicity with efficiency" and "persuasion, not force" in dealing with rebellious muscles. Put in this form, it is necessary to state some things in a positive manner which, at least, will admit of argument. But even so, short epigram-

matic sentences of this kind are easily remembered and give what is the generally-accepted teaching on every point. We can cordially recommend it as a useful companion for all house-surgeons, hospital dressers and students.

The Heart and its function. New York: D. Appleton & Co.

One of the Series of Health Primers. It is well written and deals in a pleasant, only half-technical manner with its important topic. The structure of the human heart is exemplified by illustrations drawn from that of the lower animals, and chapters are given upon the "function of the heart and how it is performed," upon "the relations of heart to the general system," and "how to maintain the integrity of the heart's function."

Books and Pamphlets Received.

On the Antagonism between Medicines and between Remedies and Diseases.—By Roberts Bartholow, M.A., M.D, LL.D. New York: D. Appleton & Co.

A Practical Treatise on the Diseases of Women.—By T. Gaillard Thomas, M.D. Fifth edition. Philadelphia: Henry C. Lea's Son & Co.

The Principles and Practice of Surgery, being a treatise on Surgical diseases and injuries.—By D. Hayes Agnew, M.D., L.L.D. Vol. II. Philadelphia: J. B. Lippincott & Co.

Lectures on Diseases of the Nervous System, especially in Women.—By S. Weir Mitchell, M.D. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

A Manual for the Practice of Surgery.—By Thomas Bryant, F.R.C.S. Third American from the the third revised and enlarged English edition. Edited by John B. Roberts, A. M., M.D. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

The Development of the Osseous Callus in Fractures of the Bones in Man and Animals.—By Henry O. Marcy, A.M., M.D., Cambridge, Mass.

Hemiopia: Mechanism of its Causation on the Theory of Total Decussation of the Optic Nerve Fibres in the Optic Tract of the Chiasma.—By Wm. Dickenson, M.D., St. Louis.

A Statistical Report of two hundred cases of Inebriety—Treated at the Inebriates' Home—Fort Hamilton, L. I.—By Lewis D. Mason, M.D.

Photographic Illustrations of Cutaneous Syphilis. Nos. 7, 8, 9.—By George Henry Fox, A. M., M.D. New York: E. B. Treat.

Cyclopædia of the Practice of Medicine. Vol. IX.—Diseases of the Liver and Portal Vein. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin, St. James street.

How We Fed the Baby.—By C. E. Page, M.D. New York: Fowler and Wells, 753 Broadway.

A Treatise on Bright's Disease and Diabetes.—By James Tyson, A.M. M.D., with illustrations, including a section on Retinitis in Bright's Disease—By W. F. Morris, A. M., M. D. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Bros.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

The Antiseptic Treatment of Enteric Fever.—In the *London Medical Record* for August 1880 appeared a *résumé* of the papers published by Dr. C. G. Rothe in the *Deutsche Medicinische Wochenschrift*, Nos. 11 and 12, on the treatment which he had successfully employed in enteric fever. This consisted essentially in the administration of carbolic acid and tincture of iodine in frequently repeated doses until apyrexia was produced; and thereafter, at longer intervals, for one or two weeks, The advantages claimed were, rapid and permanent subsidence of the high temperature, and of the vascular excitement (the pulse usually falling before the temperature, and often remaining subnormal in frequency for weeks, but not becoming irregular or intermittent); early subsidence of the gastric symptoms (by the beginning of the second week at latest); after which the patient gained a moderate appetite, and always experienced "a feeling of being quite comfortable"; and uninterrupted convalescence followed. Finally, Dr. Rothe expressed his wish that all who deemed his treatment worth a trial would publish their results, in order that his own observations may be confirmed or corrected.

In a short series of cases of enteric fever which came under my observation a few months since, Dr. Rothe's treatment, slightly modified, was put in practice, with results which were not less gratifying to the patients, I believe, than to myself. I should state at once that all the subjects were young people, their ages ranging from sixteen to twenty-seven years; that none of the cases—with one exception, in which the morning temperature during the first three days on which it was observed, fluctuated between 103.7° and 105.2° F.—were of more than medium severity at the outset; and that the surrounding hygienic conditions were, in all cases, good. Humanly speaking, all the patients would probably have recovered under any form of rational treatment, combined with good and careful nursing. But I was struck by the early and rapid fall of

temperature, the retardation and steadying of the pulse, the quickness with which the motions lessened in number and improved in quality, the cleanly tongue, the absence of sordes, the early removal of the abdominal pain and tenderness, the refreshing sleep, the comparatively slight emaciation, and the remarkable unanimity with which all the patients agreed in expressing themselves as feeling quite comfortable after the first few doses of the remedy. No increase of temperature was observed to attend the eruptions of the five successive crops of spots which appeared in the most severe case. No complications were noted.

So small a record of mild cases would be scarcely worth quoting *in extenso;* but, so far as I have been able to test this remedy, it has certainly proved reliable; and I shall be glad to know whether any others find, or have found, it valuable under circumstances more trying than those to which I have had an opportunity of applying it. The theory on which Dr. Rothe founds the name of his "antiseptic (antizymotic) treatment" is that to which the recent discoveries of Professor Klebs (*Archiv fur Experim. Pathologie*, vol. xii, parts 2 and 3) give increased importance; and it would be most interesting to find how far the theoretical link between the control of the pyrexia and other symptoms of enteric fever, and the simultaneous administration of an antiseptic medicine would be strengthened, or the reverse, by the systematic examination of the blood and tissues of such patients, after the method of Klebs. The formula recommended by Dr. Rothe is one to two parts of carbolic acid and one of tincture of iodine in one hundred and twenty of water; one tablespoonful is to be given hourly until a decided effect is produced on pulse and temperature; thence every two hours until apyrexia follows; and it should be continued for two or three weeks. Under these circumstances, it is not surprising that, "after two or three weeks' uninterrupted administration, toxic symptoms always occurred." In my cases, a draught containing one or two minims of carbolic acid, one to three minims of tincture of iodine, given every two, three or four hours, or even less often, without any untoward symptoms, and with satisfactory

results. Dr. Rothe recommended oil of peppermint as effectually disguising the flavour of the principal ingredients; but, following out a hint derived from the publication of Lebon's formula, I found essence of lemon even more effectual to this end, and more generally agreeable; and in some cases small doses of nux vomica and of nitro-hydrochloric acid were added to the mixture towards the termination of the disease.

I have mentioned the comparatively slight emaciation; the rapidity with which both flesh and strength were regained was in proportion, and the appetite, although it returned very early in the disease, never attained that craving character which is sometimes an almost painful experience in the convalescence from enteric fever.

I may add that this combination has yielded me good results in cases of choleraic and autumnal diarrhœa, with or without high temperature. Dr. Rothe says that, for the last ten years, he has not ventured to give up its use in phthisis, diarrhœa, etc. —*C. E. Shelly in British Medical Journal.*

Purulent Carditis following Typhoid Fever.—Le Clerc (La France Médicale) recently observed a case in which this rare complication of typhoid fever was discovered. A boy, nine years old, came under his charge, Feb. 20, 1880, who had been ill for eight days, having had cephalalgia, cervical rachialgia, vertigo and epistaxis. In the evening of the same day the patient was found leaning on his elbows, his tongue red at the tip, dry, and drawn from the median line, and a little trembling. The patient had had much diarrhœa, and went through the usual course of typhoid with no very marked cardiac symptoms, dying eight days after admission. At the autopsy, the pericardium contained about five ounces of a purulent liquid.

Louis has seen but seven cases of this complication. Niemeyer, Bouillaud, and Grisotte, do not speak of this affection. Stokes has observed but two cases of this complication. Murchison has noticed the phenomenon but seldom. Jenner found it but once. It is obvious, therefore, that the complication but seldom occurs.—*Chicago Medical Review.*

Chronic Gastritis.—A Clinical Lecture by J. M. DaCosta, M.D., Professor of Practice of Medicine in Jefferson Medical College:

"The patient is a man some fifty years of age, and by occupation a car driver; he says that he has never been more than a moderate drinker. Two years ago he began to be dyspeptic and lost his appetite; he found himself also obliged to urinate frequently at night. There was no dropsy apparent upon admission, but he vomited frequently, and was, in fact, one of those most unfortunate of beings, a wretched dyspeptic. His tongue was thickly coated and his urine alkaline and phosphatic, but free from albumen and sugar. The abdomen was distended and the epigastrium tender. He was in other words flatulent and constipated, with symptoms of marked organic dyspepsia. Perhaps the numerous and painstaking examinations which were made in the wards can be usefully repeated in some extent in your presence this morning, Let me examine the patient as if this was the first time I had seen him. His tongue is somewhat less coated than it was, but is still far from clean. The resident tells me that he still vomits once in a while, that is, once in every two or three days. These spells of vomiting occur generally at night or near the end of the day. At such times the contents of the stomach come up in large quantities; sometimes the vomit appears to represent the whole of several meals. This vomit has thick froth on the surface, which swells and looks like the froth of beer or yeast and leaves a heavy deposit on the bottom of the vessel. He has cramps in his stomach occasionally, but not often. These cramps are generally at night and come from over distension of the stomach. They were very much more marked just after he was admitted than they are now. There has on no occasion been any vomiting of blood. To what does all this point? It points unquestionably to some organic disease of the stomach. To what organic disease does it point? —cancer! The patient is at the cancerous age, and the vomiting at night looks very much as if there were some mechanical obstruction, such as cancer, to the free passage of food to the pylorus. I examine the region of the stomach, and particularly

its pyloric extremity, for a tumor, but can find none. I percuss the region of the stomach, but can detect no dulness. On the contrary, I find the stomach tympanitic as far down as two inches below the navel. There is plainly a very unusual increase in the size of the stomach. There is no tenderness upon pressure, no spots of soreness, no pain in the back. These points have a direct bearing upon the existence of ulcer or cancer. These are negative symptoms. Under my supervision the resident physician has made a most careful microscopical examination of the vomited matters, and, just as we had expected, he found a great many bodies like this figure, which I outline on the blackboard, floating about in the vomit—the so-called sarcinæ—a peculiar vegetable fungoid growth, described by Goodyear, and almost always associated with this yeasty vomit —this obstinate dyspepsia, and this dilated condition of the stomach. We have then here one of those rare cases of dilated stomach with narrow pylorus, unattended by either ulcer or cancer. What are my reasons for thus positively excluding these two conditions? First, as regards my reasons for determining upon the existence of a dilatation, they are: (1) because percussion shows an unusually extended area of tympany; (2) because a yeasty vomit containing sarcinæ is very apt to be present in dilatation of the stomach whether from cancer or any other cause; (3) on account of the way in which the vomit occurs, the accumulated results of several meals being cast up at a time. My reasons for excluding cancer: (1) the absence of pain upon pressure; (2) the absence of any tumor, and (3) the absence of blood in the vomit. My reasons for excluding ulcer: (1) the absence of pain after meals; (2) the absence of hemorrhage, and (3) the absence of points of local tenderness. What has our treatment been? Since I have had charge of the case, I have treated the patient with bismuth, giving him gr. xv. between meals, and gr. x. of pepsin at meal-time. At the same time we have regulated the patient's diet, and attended to his bowels. We also have given him gtt x. of the tincture of nux vomica before meals, with evident benefit. His tongue is cleaner and he has gained flesh. To modify the process of fer-

mentation in his stomach, he has been taking gtt. i. of the concentrated carbolic acid, diluted with water and glycerine, once a day. His diet is chiefly fluid, consisting mainly of milk, oysters, broth and beef tea. Shall we continue this treatment, now that we thoroughly understand the case, or shall we modify it? The same dose of bismuth shall be continued, so, too, with regard to the small doses of nux vomica before meals, and of pepsin with meals. But we do not seem to be fulfilling the indication of checking fermentation, or doing anything to reduce the dilatation of the stomach. This brings us to the question of how to check the multiplication in the stomach of those agents which are associated with fermentation. The best means at our command for accomplishing this end are sulphurous acid, the sulphites and carbolic acid. In this case I shall order gr. $\frac{1}{2}$ of carbolic acid, four times a day, in glycerine and water, and if this does not put a stop to the presence of sarcinæ, we shall have to resort to sulphurous acid or the sulphites. Upon several occasions, in cases such as the present, I have made use of the German plan of washing out the stomach, and in so getting rid of the foul secretions. In this manner I have in several cases effected an actual cure. The treatment by washing out the stomach is very annoying, but also in some cases very successful. I will perform it in your presence to-day. Washing out the stomach in chronic cases of dyspepsia, and particularly in those cases in which that organ is dilated, is a plan of treatment that, while it is not altogether new, may still be said to be so since it has only become a regularly systematized form of treatment since Kussmaul introduced it. The object aimed at by this method of treatment is to get rid of the large amount of fermented matter remaining in the stomach—matter which cannot otherwise be got out of the organ, and which remaining in it impairs digestion, ferments and makes the patient's life wholly miserable, while it at the same time weakens the system and increases the dilatation of the stomach. Simple luke-warm water was first employed for this purpose, but subsequently weak alkaline solutions of carbonate of sodium were tried. This latter medium is that recommended by Kussmaul. In no in

stance should the operation of washing out be performed more than once a day, and when the case is not a bad one once in two days is sufficient. The best time for the operation is in the morning. The plan of the operation varies. Some clinicians use the siphon arrangement, while others prefer the ordinary stomach pump. There is not much difference between the two, except that the siphon is more convenient and is not apt to suck the mucous membrane of the stomach into the holes of the tube, as happened in one published case in which the stomach pump had been employed. The patient will now be put upon his side, and the assistant will perform the operation of washing out the stomach in your presence, in just the same manner in which it has been done in the wards. All that is necessary when the siphon is used is a tin vessel, an elastic tube, an ordinary stomach pump. When the tube has been inserted well into the stomach, the vessel containing the alkaline solution is held above the patient's head. You see that the liquid flows in rapidly—is now all gone—but the liquid does not flow back out of the tube as easily as it usually does. Probably there is some hard morsel of food clogging up the tube. This accident, or rather its probable occurrence, is the only reason why the stomach pump is preferred by some. Its advocates hold and with reason, that it is not possible for the tube of the stomach pump to become clogged with food morsels. I think that in future I shall use the stomach pump myself for this purpose, instead of the siphon arrangement. The operation is at best such a disagreeable one that it should never be undertaken rashly. The conclusions which I have reached with regard to this operation of washing out the stomach are (1) that it is an operation to be restricted to a particular group of cases, those in which we have some obstruction at the pylorus, with dilatation of the organ, so that the contents of the stomach are not readily passed out of it; (2) that if accompanying the dilatation there be structural disease of the stomach, such as cancers, washing out the stomach rarely does good, except it be to get rid of accumulations which cannot otherwise be removed. Have I ever known of any good results following its use, where the cases were suit-

able ones for its employment? Admirable results. In such instances I regard it as being the best method of treatment at our command. Even in one case of ulcer of the stomach, in which cicatrization has now occurred, and where there was constant vomiting and great emaciation, the patient made a slow, but sure recovery under this plan of treatment, in conjunction with a carefully regulated diet. Are there any other means to assist us in the treatment of this condition? you will no doubt, as with perfect propriety, inquire. Nux vomica is a very important adjuvant. At the same time the diet must be regulated. Small quantities of solid and not too much liquid food must be given. If the fermenting contents of the stomach cannot be got rid of, and if you do not wish to make use of the washing-out process, a brisk cathartic will often be found to be of great assistance. In this way you are enabled to cause the mass lying in the stomach to pass out. Indeed, in all cases of dilatation of the stomach, an occasional brisk purgative will be found to be a much better method of treatment than the old routine plan of administering emetics. The act of vomiting is always more or less exhausting, and in cases of great dilatation of the stomach it is often a matter of great difficulty to excite vomiting by any amount of emetics, since the muscles of the stomach, being so distended, are slow to react to irritants."

[The patient was brought before the class a few weeks later, and presented the following conditions: The vomiting had stopped entirely; the natural powers of the stomach had been so far restored that the patient was able to digest a moderate meal without any great inconvenience; his tongue was much cleaner, and his stomach, upon percussion, showed a well-defined decrease in the amount of dilatation. As the vomiting began to stop, the sarcinæ in the vomited matter gradually disappeared. Dr. Da Costa attributed this decrease in the number of sarcinæ partly to the washing-out of the stomach and partly to the remedies employed to stop fermentation. These remedies consisted at first in one grain of concentrated carbolic acid, well diluted, and later in f. 3 i. of sulphurous acid, in water, thrice daily. It was thought that there was no longer any necessity for washing out the

stomach (the man had received so much benefit from this washing that he grumbled considerably when the order was given to discontinue it), but that the patient should take 10 drops of the tincture of nux vomica thrice daily, and should be allowed a little more varied diet, a small amount of sulphurous acid being given occasionally after meals. The bismuth had been long discontinued.]—*The Medical Gazette.*

Clinical Teaching.—The fallacy of the clinical teaching as conducted at the popular schools which attract the masses is very ably set forth in a recent address by Professor Jarvis S. Wight of Long Island College Hospital, Brooklyn, N.Y.:

"See five hundred expectant students on cushioned seats in yonder amphitheatre. They have read their books with diligence; they have listened attentively to didactic lectures; they have memorized the names of facts: the ponderous doors that lead to the arena swing open. A patient is brought in before the attentive students of clinical medicine. The learned professor follows and describes the case with the eloquence, it may be, of Webster, the polish of Chesterfield, and the precision of Faraday. The scene is most impressive. Let me try to report it: The patient is a male, 40 years of age; born in the United States; is married, and has four children; is a bricklayer; on the 10th of the present month he caught cold; he has a cough; he expectorates a red sputa; he has rapid respiration; he has dullness on percussion over the lower part of the right lung; he has some elevation of temperature, and he has a *crepitant râle* heard on auscultation on the right side of the chest. Gentlemen, what is the diagnosis? A hundred candidates for degrees respond in unison—*pneumonia.* And the response will find its echo in the Green Room—its reply in the autograph of the examiner. Now what is the import of this? Did not this clinical professor at previous times describe to the medical class the symptoms of pneumonia? Did he not tell these young men the names of these symptoms? And did not these young men commit these names to memory? Did any one of these students ever see, hear, or touch the symptoms of a pneumonia? No, never. Ah! then,

it amounts to this: *The symptoms of pneumonia are so and so; and then if the symptoms of a given case are so and so, then there is a case of pneumonia.* Behold the logic of popular clinical medicine!

"The doors open again: another patient is brought in, and the learned professor opens his mouth and says: This patient was born in Scotland; she is unmarried; she is a dressmaker; she has had articular rheumatism; she has palpitation of the heart; she has some shortness of breath; she has a slight cough; it tires her to go up and down stairs; an endocardial murmur is heard with and after the systolic sound of the heart, and this sound is most distinct over the apex of the heart, and is not propagated into the carotids, and the aortic second sound of the heart is not so distinct as in health. Once more, gentlemen: What is the diagnosis? Again a hundred voices respond—*Mitral insufficiency.* Gentlemen, you have learned your lesson well. I shall be gratified to have you show such acquirement of knowledge when we meet in the Green Room. But were not these hundred candidates for degrees familiar with the *names* of the symptoms of mitral insufficiency? Yes, indeed, they were; for they had memorized them, and they could enumerate them without hesitation. Again we have a specimen of the logic of popular clinical medicine. In a case of mitral insufficiency the symptoms are so and so; then, if in a given case, the symptoms *are* so and so, why, of course, it is a case of mitral insufficiency. Who could not answer a question when the answer is contained in the question? This is after the manner of a leading question, which neither the court nor justice permits the attorney to ask the witness. But who can investigate and find out for himself, if the symptoms of a given case are so and so? Who is competent to find the facts of a case? It is just as important for a student to know how to find facts as it is for him to know how to draw inferences."

The scene thus graphically portrayed is very true to life. Any attempt at clinical teaching which does not educate the senses, —the eye, the ear, the nose, the *tactus eruditis*,—is a fallacy and a blunder. Such education can only be conducted through

actual contact with the patient, and when the medical hive becomes too large to permit each occupant to have daily intercourse with the sick, it is time for it to swarm. To impart proper clinical instruction to a class of over a hundred is impossible, and even with a hundred students the necessary division into sections and the proper handling of these sections requires an executive ability on the part of the instructor seldom possessed.—*Mich. Med. News.*

The Treatment of Diphtheria.—This is a subject of almost exhaustless interest, and therefore any well-observed facts in connection with it deserve notice. Some recent numbers of the *Berliner Klinische Wochenschrift* contain papers which treat of it; and as the remedies proposed are simple and readily obtainable, and more especially as they appear to have been very efficacious, we shall briefly analyze the papers for the benefit of our readers.

Dr. G. Guttmann, of Cannstatt, proposes the use of pilocarpin. He reports in No. 40 of the *Berliner Klinische Wochenschrift* that he has used it during the past fifteen months, and, as the result of his present experience, is inclined to regard it almost as a specific. He feels unable to decide whether the local or the general manifestations of diphtheria are the primary. He inclines, however, to the belief that the local symptoms precede and give rise to the subsequent general condition, for, as a rule, and with few exceptions, the general disease is in proportion to the severity of the local lesion, pharyngeal or otherwise, and, moreover, recovery sets in as soon as the local signs of the disease begin to abate. And professional attention has long and largely been devoted to the means by which false membranes and other local conditions may be got rid of; hence the use of paintings, caustics, gargles and inhalations. Unfortunately their application is not always easy, and often increases the local irritation. The knowledge of the physiological action of pilocarpin has led Dr. Guttmann to try it in diphtheria. As is well known, it increases bronchial secretion, and it was thought that in this manner the diphtheritic membrane would be loosened and got rid of. The result seems to have been extremely satisfactory.

In April, 1879, Dr. Guttmann was called to attend a family of nine persons ill with diphtheria, of whom three were in a serious condition. Pilocarpin was ordered in medium doses, so that about one grain was taken during the day (gramme 0.05). Within a few hours a copious salivation was going on, and "the diphtheritic membranes swam away in the flowing saliva." Quinine was ordered internally, as well as a gargle of lime-water and pepsine. All these nine cases recovered within two to four days. During the following fifteen months he treated sixty-six cases of diphtheria on the same plan. Of these fifteen were very severe cases (under other methods of treatment he considers that at least two-thirds of the patients would have died), eighteen were slight, and the remaining thirty-three of medium severity. *They all recovered;* the most severe cases only lasting eleven days, while the majority were cured within two or three days. The earlier cases of this series had other treatment at the same time—quinine, etc.—but the later cases were treated solely with the pilocarpin. In speaking of the cases as diphtheria, Dr. Guttmann took especial care to exclude other forms of disease; in most of the cases there was a clear history of infection, and as diphtheria was constantly occurring, he would be quite familiar with it; thus we may take it for granted that there is no error as far as diagnosis is concerned. Many professional colleagues in his own neighbourhood tried the remedy and found it efficient. The drug was administered internally; within a short time it produced an active flow of saliva, by means of which the false membrane was loosened, the inflammatory infiltration also lessened, and the intense redness gave place to a more normal colour. His formula for children is as follows: ℞ Pilocarpini muriatici, 0.02–0.04; pepsini, 0.6–0.8; acid. hydrochlorici, gtt. ij; aquæ destill., 80.0. A teaspoonful every hour. For adults the dose is about double. If the physiological action of the drug does not manifest itself within a short time, increase the dose.—*Med. Times & Gazette*, Jan. 22, 1881.

Injection of Morphine and Atropia BEFORE CHLOROFORM INHALATION.—Dr. Roberts Bartholow, in the Cartwright Lectures, (*New York Med. Jour.*), says *Chloro-*

form certainly should not be administered, under the ordinary circumstances at least, without the preliminary injection of morphia and atropia. A sudden death from paralysis of the heart in a case of ether narcosis which happened in London last month, ought to warn us in regard to the fancied security against cardiac paralysis from ether inhalation, which Schiff especially has inculcated. We ought to recognize the fact that the condition of anæsthetic sleep is a condition of danger which is merely relative in respect to the agent used, and employ antagonists to the fatal tendency—paralysis of the heart or lungs. The antagonist on which, it appears, much dependence can fairly be placed, is the subcutaneous injection of morphia and atropia. The danger which attends the administration of chloral may be to a large extent averted by the simultaneous prescription of atropia, as some recent cases of accident unequivocally show. I several years ago demonstrated in a paper read before the Neurological Society of New York, that while morphia and bromide of potassium intensified the effects of chloral in every way, atropia antagonized the effects on the heart, and would thus apparently save life after lethal doses. I then also called attention to the danger of the combination of chloral and potassium bromide as a poison to the heart, which the subsequent experiments of Husemann and abundant clinical experience have since confirmed.

Treatment of the Anæsthetic Narcosis.—Several novel or partly novel plans of treating the narcosis have been mentioned. Professor Schirmer mentioned a simple one in the *Centralblatt fur Augenheilkunde* last year. This method consists in *irritating the nasal mucous membrane.* It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Professor Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia. Dr. F. W. P. Jago (*British Medical Journal*, December 11th, 1880), thinks that it would be proper to try *acupuncture of the heart*, by introducing a needle between

the ribs near the apex of the heart, and pricking it slightly. He thinks it would not be dangerous. Another plan he refers to is by *percussion of the heart*. He gives this instance:—"Some time ago a dentist, who had given bi-chloride of methylene, sent for me. I found a young and very healty-looking woman lying back, insensible in the dentist's chair. The pulse and respiration had ceased for so alarming an interval that her case looked very bad indeed. Holding her wrist, to feel her pulse, it occurred to me to give her one *sharp*, *very sudden* blow with my knuckles over the region of the apex of her heart. This appeared to produce the desired result: the patient gasped, drew a good inspiration, and a pulsation was at once felt at the wrist. But this is only one case; and, as one swallow is no proof of summer, it may not be a true instance of cause and effect after all; yet I feel sure that that sharp, rapid blow over the apex of the heart saved the patient's life." Following this suggestion, another correspondent proposes stimulation by "Corrigan's button," a button-shaped piece of metal heated in hot water and applied momentarily to the cardiac and epigastric region.

Ovariotomy under Nitrous Oxide Gas.—On Monday, January 10th, I was consulted by Dr. Heywood Smith with reference to a case of ovarian tumor upon which he was about to operate on the Thursday. He was very desirous of operating on the 13th, because the cyst had been tapped, there having been some doubt as to the character of the tumor. The question was, how was the patient to be anesthetized? chloroform, ether, hydrate of chloral, methylene bi-chloride, and opium in various forms having been tried, but on account of the consequent nausea and prostration their repetition was desired neither by the operator nor patient. She was quite willing to undergo the operation without anesthesia. I undertook, with the help of morphia suppository (which had not been tried), potassium bromide, or full dose of alcohol, to produce and maintain anesthesia for twenty minutes with nitrous oxide gas and air, having repeatedly used this in minor operations. The patient had a breakfast of beef tea only at eight o'clock, and from three to four ounces of brandy during the

hours intervening between breakfast and two o'clock. The patient was adjusted in the usual way, and I administered pure nitrous oxide gas for the space of a minute. At the end of that time a certain proportion of air was mixed with the gas, and with this admixture anesthesia was prolonged to the end of the operation (twenty-one minutes). She was conscious only of the three needles of the first and second stitches. She felt severe pain on regaining consciousness. No unpleasant symptom of any kind occurred, nor has the patient had any up to the present date (January 29th). Seventy-five gallons of gas in all were used. I hope in the course of a little time to demonstrate that there is no occasion for the closed chamber and atmospheric pressure, as advanced and perfected by M. Paul Bert within the last twelve months.—*Thos. Bird, M.A., Oxon, in Medical Times and Gazette.*

Resorcin.—The increasing use of antiseptics in surgery within the last few years has brought to the notice of physicians many compounds, new and old, possessing the property of destroying the different plants concerned in the putrefactive changes, and consequently stopping or preventing those processes; and as none of those in use are perfect and free from disadvantages, others will still be offered. Carbolic acid, the oldest, of course stands first, and is in universal demand. Its disadvantages are its odor, which is offensive to many, its occasionally irritating character, and its serious poisonous effects when absorbed. Thymol is occasionally used, and is very good. Menthol and many others are equally reliable, but no better than thymol. Dr. Justus Ander, of Wurtzburg has just written a pamphlet upon Resorcin, as applied to medical uses, the recent numbers of *New Remedies* contain a long abstract of it. It is a colourless, crystalline substance, of a sweetish and harsh taste, soluble in something more than its own weight of water, and also soluble in ether and alcohol. It was first obtained in 1864, by fusing galbanum resin with potash, the result being about six per cent. It has since been made from other resins and in other ways. He found that a one per cent. solution prevented the decomposition of urine for months, and

also destroyed the organic causes of putrefaction; It preserved pancreas and blood perfectly, retaining even their natural odors. Wounds treated by it healed by first intention, and those poisoned by septic material yielded to it as completely as to carbolic acid. Applied dry to the skin it is not absorbed, and is not irritating; hypodermically a two per cent. solution may produce painful cramps and twitchings, but never abscess. On the moist lips it will raise a white blister. Used with the atomizer it is entirely unirritating to either eyes or lungs, and nearly free from odor. Applied to granulations the crystals are a painless and mild caustic. He also recommends its internal use in diphtheria and other diseases, and as injections in leucorrhœa, etc. The dose is one gram to two in water, syrups, glycerine, etc.—*Boston Medical and Surgical Journal.*

Pain and Anodynes.—Dr. Roberts Bartholow of Philadelphia says:—"Several elements enter into the composition of pain—the peripheral irritation, the transmission of the impression to the centre, and its realization by consciousness. Hence, pain may be relieved either by interrupting its transmission to the centres of conscious impressions, or by suspending the functions of these centres. For example, aconite and gelseminum relieve pain in the former manner, and the anæsthetics in the latter. The anæsthetics, when applied locally, however, have an effect similar to that of aconite, and are, therefore, antagonistic to both peripheral and centric neuralgia. When a few minims of chloroform are injected into the neighborhood of a nerve-trunk, the peripheral expansion of the nerve is put into an anæsthetic and analgesic condition; and since he introduced this method of treating sciatica, cervico-brachial and intercostal neuralgia, cocoydynia, and other neuralgias of nerves in accessible situations, his experience has been extremely satisfactory. The needle must be inserted deeply, since merely to inject chloroform under the skin, like morphia, is perfectly useless in such neuralgias, unless the nerve trunk is in the immediate vicinity. No danger attends this expedient, and inflammatory induration and abscesses very rarely result from it. The most powerful means

for relief of pain which is now in our possession—the subcutaneous injection of morphia and atropia together—is an illustration of the advantages derived from the study of physiological antagonism. By this combination the anodyne qualities of the two agents are enhanced, rather than diminished, while the disadvantages of each are in a great measure obviated. The combined use of morphia and atropia is also the best preventive of the tendency of anæsthetics, like chloroform and ether, to produce fatal paralysis of the heart or lungs; while the prescription of atropia simultaneously with chloral to a great extent averts the dangers that sometimes attend the use of that agent.—*Nashville Jour. of Med. & Surg.*

Practical Clinical Instruction.—For years one of the standing attractions of the several medical college advertisements has been their clinical instruction. Long lists of hospitals, dispensaries and out-door clinics have been given to impress upon the students' minds the idea that all possible clinical instruction is placed at their disposal. How far short of this the actual reality is found is well known to earnest students who have sought these colleges. A writer in the *Boston Med. Journal* gives a description of the practical clinical advantages enjoyed by the students of the several New York medical colleges in gynæcology. At the College of Physicians and Surgeons, "No instruction in the education of the touch is given, it being found impracticable in so large a school, numbering something over five hundred and fifty students, to furnish facilities for individual examination of cases. The student here is most fortunate in listening to the unequalled lectures of Dr. Thomas—able, interesting, and instructive,—but his clinical advantages are necessarily limited, and his opportunities for practical clinical work almost nothing." At the Bellevue Hospital Medical College, he says, "With the exception of the times when one or another student is asked to examine a case, he has few opportunities to educate the touch." At the Medical Department University of New York, he says, "The advantages to the student at this school for practical work, the education of the touch, the attempts at diagnosis, etc., are very small."—*Detroit Med. Journal.*

Abortive Treatment of Inflammatory Stage of Gonorrhœa.—Dr. Kuchenmeister, of Dresden, has found aqua calcis, when properly diluted, extremely serviceable in the first stage of acute gonorrhœa. He used it in the proportion of one to four of water, and employs injections, beginning about the fourth day after an impure coitus, and repeated every hour or hour and a half during the entire day. Usually the acute inflammatory symptoms subside after about twenty-four hours, but the copious, painless discharge from the urethra is not lessened, and the treatment, although aborting the first stage, must be replaced during the second stage by the ordinary astringent therapy. Dr. Kuchenmeister prefers, for the latter purpose, a solution of pure alum (10) in water (150), to be injected two or three times daily. He also advises great care in the handling of lime-water, to prevent its spoiling by the formation of carbonate of lime, through the access of air. The bottle containing it should, therefore, be tightly stoppered, and only enough fluid removed to suffice for one injection. Moreover, none of the fluid removed should be returned to the bottle.—*Deut. Med. Woch.*, June 5, 1880; *The New York Medical Record*, August 28th, 1880.

The Trained Nurse.—The "trained nurse"—that is, the woman trained to nursing as a specialty—is an anomaly (*London Lancet*). Every scrap of information she possesses beyond the mere routine service of sick-tending is not merely useless, but mischievous. It is almost sure to be brought to bear on the patient, to the injury of the case, and the disadvantage of the medical attendant. A trained nurse is a half-educated woman, who has acquired just enough knowledge to make her dangerous. The sick person is regaled with reminiscences of other "cases" attended by the trained nurse, with this or that physician or surgeon. She is the chief and prominent figure in the pictures painted for the edification of the patient and the friends. The "doctor" occupies a subordinate place, and is changeful. Sometimes it is one and sometimes another practitioner, and the nurse does not scruple to state her preference,

which is generally for the medical attendant who most defers to her judgment, and leaves the patient practically in her hands. She has no scruple in forming an "opinion" of the case, and little, if any, hesitation in expressing it. In reply to the very natural question, "What do you think, nurse?" she delivers her dictum as a skilled authority, and both patient and friends are much impressed by what she has to say on the subject. Not a few of these intruders into the sick-chamber employ their own methods and even administer their own remedies. The sick are wholly at their mercy. They are trusted and obeyed because they are "trained nurses." The medical profession is keeping up and extending this evil by recognizing the trained nurse. The policy adopted is opposed alike to the best interests of the sick and of the profession. If practitioners either lack the knowledge or the inclination to give personal and explicit directions for the "nursing" of their case, they must at least understand that by entrusting the duty to trained nurses, they are jeopardizing the lives or the health of the patients who confide in them, and sacrificing their proper professional influence.

Local Anæsthesia of the Larynx.—To avoid the disagreeable effects of the local anæsthetics hitherto employed in the larynx, Rossbach attempted to secure anæsthesia of the throat and larynx by the internal administration of large doses of bromide of potassium, and with right good results. But the loss of energy and the helplessness of the patient thus produced essentially interfere with the success of operative procedures. The author then endeavored to induce anæsthesia by interruption of the nerve force in sensitive nerves of the larynx. The trunk of the sensitive branch of the superior laryngeal nerve, at the spot where it penetrates the thyro-hyoid membrane below the button-shaped end of the great cornu of the hyoid bone, lies so superficially that it may be here completely anæsthetised by hypodermic injections of morphia 0.005 on each side. Still simpler and equally effective is the application of cold at these places. The cold is best brought to bear upon the spots by means of Richardson's atomizers which are so

altered by Rossbach that the streams play throngh two fine tubes directly upon the nerve trunks. Complete anæsthesia occurs after one or two minutes application of the atomizer.—*Wiener Medical Press*, 1880.

Pulsating Encephaloid mistaken for Aneurism—LIGATURE OF RIGHT COMMON CAROTID ARTERY.—Surgeon M. D. Moriarty reports (*Indian Med. Gazette*, Feb. 1, 1881,) the case of a man, aged 45, who applied to him on 5th Feb., 1880, with the following history: About sixteen years before, he noticed a pulsating tumour of the size of a small walnut seated immediately below his right ear, which caused him no great inconvenience. About two months ago the tumour became painful and began to increase in size, and the right side of his face became paralyzed.

On examination, a tumour the size of a small orange was found to occupy the right carotid region; it extended upwards in front of the ear to about the level of the temporo-maxillary articulation, and behind the ear to a similar level; its lower border was about half-an-inch above the level of the upper border of the thyroid cartilage. The lower part of the ear was bulged upwards, the external auditory meatus being almost closed. The tumour was more or less globular, with a slight irregularity in the shape of a little prominence at its lower posterior part. On the upper and back part of the tumour were two small blue veins; the skin over the tumour was somewhat congested, especially posteriorly, but was freely movable. The tumour was more or less movable from side to side; its base, however, appeared to be fixed; it pulsated, the pulsation being systolic and distensile, and on auscultation a well-marked bruit was heard. To the feel the tumour was rather tense, but apparently fluid, the posterior part being perhaps a shade less tense than the rest of it; pressure on it somewhat diminished its size. The right common carotid beat more vigorously than its fellow of the opposite side. Occlusion of it diminished the size of the tumour and completely arrested its pulsation. (No note was made as to whether the consistency of the tumour was also altered, but it must have been

to some extent). When the artery was let go, the blood entered the tumour with a soft distensile pulsation, and the tumour returned to its original state. Above the tumour the right temporal artery beat more feebly and a little later than the left. Pressure on the tumour, especially in front of the antitragus, caused pain. There was complete right facial hemiplegia; the uvula was straight; the right side of the throat, including the tonsil, bulged considerably inwards; the tonsil was hypertrophied and pulsated, the sensation of fluid from within the throat was not, however, very marked; there was no marked interference with respiration or deglutition; the heart and large vessels appeared to be healthy; the patient never had syphilis, and had only once or twice in his life tasted spirits; the lymphatics in the neck were apparently healthy.

The diagnosis was aneurism, probably of the internal carotid.

On the 18th February Mr. Moriarty ligatured the right common carotid just above where it is crossed by the omo-hyoid muscle; and all pulsation in the tumour ceased. On the 28th of February, slight pulsation was observed in the tumour which had never hardened as a consolidating aneurism should. The patient kept in pretty fair health up to October, then the symptoms of malignant disease became unmistakable—rapid growth, implication of the skin, fungation, severe pain, occasional hæmorrhages, glandular implication, fœtor, emaciation. He died on 30th November.

On examination of the body next day, the disease was found to be encephaloid of the parotid gland. Peripherally, to a depth of about half-an-inch, the tumour looked like congested cerebellum; centrally it was like boiled udder (Erichsen); the external carotid was lengthened—it ran at first superficial to the tumour, but afterwards sank into it. The tumour extended very deeply, the pinna was quite separated from the external auditory meatus, and the bone all round the latter was eaten away and covered with a horribly fœtid slough. The tumour extended almost to the jugular fossa, it encircled the internal carotid for a small part of its jugular course; lower down it touched the transverse process of the atlas.—*Medical News and Abstract.*

The Treatment of Pneumonic Fever (ACUTE LOBAR PNEUMONIA) BY THE EMPLOYMENT OF THE WET SHEET.—Dr. Austin Flint, in a recent clinic (*Gaillard's Medical Journal*, March, 1881), presented three cases of pneumonic fever, treated antipyretically by means of the wet sheet, no other active measures of treatment having been employed. The favourable course of the disease under this treatment, in these cases, was highly gratifying. Dr. Flint said, "Inasmuch as these cases are but a small proportion of those which have been treated in my wards during the session, you may ask why the treatment has been thus limited. The treatment is, as yet, novel in this country. In relating the first two cases at a meeting of a medical society of which I am a member, doubt was expressed by other members as regards a favourable influence produced by the treatment, together with distrust of its propriety and safety. I was not without apprehensions, in the first place, in respect of the treatment itself, and, in the second place, as taking the place of other therapeutical measures, notwithstanding the strong testimony of some German writers in behalf of the efficacy of cold baths in this disease. These considerations led to a careful selection of cases. The cases selected were those in which the disease was in an early stage, the patients apparently robust, the pyrexia considerable or high, and no complications existing. I am by no means sure that the treatment might not have been employed in other cases with advantage, but it was thought best to select cases in which there was the least likelihood of harm were the effect not satisfactory."

The plan of treatment was as follows: The directions were to employ the wet sheet whenever the axillary temperature exceeded 103°F. The patient was wrapped in a sheet saturated with water at a temperature of 80°F., the bed being protected by an India-rubber covering. Sprinkling with water of about the same temperature was repeated every 15 or 20 minutes. If the patient complained of chilliness, he was covered with a light woollen blanket, which was removed when the chilly sensation had disappeared. In none of the cases was the blanket used much of the time while the patient was wrapped in the wet sheet.

The patient remained in the sheet until the temperature in the mouth fell to 102° or lower, care being taken to watch the pulse and other symptoms. When the temperature was reduced, the wet sheet was removed, and resumed if the temperature again exceeded 103°F.

The first case entered the hospital on the third day after the attack. On the second day after his entrance the wet sheet was employed thrice. He remained in the sheet the first time, two hours and forty-five minutes; the second time, an hour and a half; and the third time, an hour and ten minutes. On the second day the wet sheet was employed once, and continued for one hour. On the third day, the wet sheet was not employed, the temperature not rising above 103°. On the fourth day, the wet sheet was employed once, and continued for an hour. There was complete defervescence on the fifth day, and no return of the fever afterward. Dating from the attack to the cessation of fever, the duration of the disease was seven days. The patient had no treatment prior to his admission into the hospital. The treatment in the hospital, in addition to the employment of the wet sheet, consisted of carbonate of ammonia in moderate doses, whiskey given very moderately, and a little morphia. The patient was up and dressed five days after the date of the defervescence. There were no sequels, and the patient was discharged well.

The second case entered hospital seven days after the date of the attack. She had no medical treatment prior to her entrance. The wet sheet was employed on the second day after her admission, and continued for six hours. Complete defervescence took place on the third day. Recovery followed without any drawbacks. Both lobes of the left lung were involved in this case. The invasion of the second lobe, probably, was about the time of her admission into hospital.

The third case entered hospital three days after he was obliged to give up work. On the day of his entrance the wet sheet was employed, and continued for ten hours. The wet sheet was employed on the second day after his admission, and continued for five hours. Defervescence took place on this day. The duration of the fever was five days, dating from the time he was

obliged to give up work, and seven days from the occurrence of chills and pain in the chest.

Dr. Flint said the histories of these cases as bearing upon the treatment employed, were of considerable interest. They certainly show that in cases like those which were selected, the treatment is not hurtful. More than this, they render probable the inference that the disease was controlled and brought speedily to a favourable termination by the treatment, they also go to show that the disease is essentially a fever, and that treatment is to be directed to it as such, and not as a purely local pulmonary affection. It remains to be determined by further observations how often and to what extent this method of treatment has a curative efficacy. It is also an important object of clinical study to ascertain the circumstances which render the treatment applicable to cases of pneumonic fever, and, on the other hand, the circumstances which may contra-indicate its employment in this disease.

To this series Dr. Flint adds a supplementary case of decided interest in which the pneumonia began with a well pronounced chill, fever, headache, pain under the left nipple, cough, and a feeling of general prostration. Being without a home, the patient spent the time from Feb. 18th to the morning of the 21st in a lumber yard without food, and with no shelter but a pile of boards. During this time there was a snow-storm of considerable severity, and the temperature fell as low as 10° Fahr. On admission there was a dusky redness of the face, and the expression was anxious; pulse 122, respiration 52, temperature 102.25°. He complained of dyspnœa, pain in left side and cough. The expectoration was semi-transparent. adhesive, and had a reddish tint. Increased vocal fremitus, dulness, bronchial breathing, and bronchophony over the left lung.

Treatment.—Whiskey, ℥ss, Ammoniæ carb., gr. v, every two hours, and a milk diet. Temperature in the afternoon, 104 25° F.

22*d*. Temperature, A.M., 99°; P.M., 99.25°. Pulse 115 and feeble. Ordered tr. digitalis, gtt. x, every three hours.

23*d*. Patient improved. All the signs of solidification are yet present, and the crepitant râle is heard behind. Pulse 70 and full. Digitalis discontinued. Respiration 32. Flush had disappeared from the face.

24*th*. Temperature, A.M., 98.25°; P.M., 98.25°. The physical signs now show beginning resolution. Dulness is less marked, bronchial respiration has given place to broncho vesicular, bronchophony to increased vocal resonance, and the subcrepitant râle is frequently heard.

25*th*. Much better. Temperature, A.M., 97.50°. Has a good appetite, takes beef-tea and milk.

28*th*. Patient is up and dressed.

Two inquiries suggest themselves in connection with the history of this case. One is, did the disease end from an intrinsic tendency to recover in spite of the circumstances under which the patient was placed for the first two days of his illness? It is, of course, absurd to suppose that the disease was arrested by the whiskey and ammonia which were given after his admission into the hospital. The second inquiry is, did the exposure in the open air for three days shorten the duration of the disease by means of an antipyrectic effect? These inquiries are submitted by Dr. Flint without discussion for the reflection of the reader.

Non-Malignant Ulceration of the Rectum and Anus.—Dr. Charles B. Kelsey, Surgeon to the Infirmary for diseases of the Rectum, New York, contributes to the *American Journal of the Medical Sciences* for April, 1881, a very interesting paper upon the different forms of non-malignant ulcerative disease of the ano-rectal region, classifying the ulcers according to their etiology into simple, tubercular, scrofulous, dysenteric, venereal, those due to stricture, and those due to gangrene following the severe fevers. The importance of a thorough examination with a duck-bill speculum under ether is so obvious that it is a matter of surprise that this manipulation, furnishing the only means of exact diagnosis, is so commonly neglected by physicians. In the majority of cases, the existence of an ulcer being ascertained, provided that syphilis

be excluded, the ulcers in the rectum proper will belong to the first or simple variety of the disease, and will yield to local applications of bismuth, iodoform, or solution of nitrate of silver. The soft chancre is one of the most frequent of all the superficial ulcerations at the anus; and has the same characteristics as when occurring in other parts of the body. Dr. Kelsey believes in the occasional causation of stricture of the rectum by chancroid, but that many of the so-called syphilitic strictures are not due to this cause. True chancre of the rectum, tubercular deposit, lupus, and rodent ulcer, are so rare as scarcely to enter into consideration in the diagnosis. The extreme gravity of the symptoms, and the certainty with which when untreated, or sometimes with the best of treatment, it will end either fatally, or in a condition requiring the gravest surgical procedures for its relief, render Dr. Kelsey's remarks upon treatment of great interest. He lays particular stress upon the absolute necessity of perfect rest and fluid diet, without which, he says, no treatment will be of much avail. To them, however, he adds other remedies in the way of general medication and local applications.

A Ready Method for Hot Fomentations.—A patient lately informed me of a method, adopted in her family for many years, to prepare flannels for hot fomentations; and, as the plan is novel to me, after thirty years' practice, and evidently very valuable, I think it may be unknown also to many others. The flannels are merely placed in the steamer of an ordinary steam kettle; they quickly become thoroughly permeated by the steam, when the kettle is placed on the fire, and can be readily changed without any fear of scalded fingers during the attempt to wring them sufficiently dry, as in the ordinary method. My friend has, I understand, presented several steam kettles, specially made for the purpose, to one of the London hospitals.—Richard Neale, M.D., *in British Medical Journal.*

CANADA

Medical and Surgical Journal.

MONTREAL, MAY, 1881.

A MEDICO-LEGAL CASE.

We have received a report of the case of Levi *vs.* Reed of which we give a resume as it presents some points of interest. It is the first instance we are aware of where the high courts of the country have been invoked to pronounce upon the punishment due to the misrepresentation by one medical man of the professional acts and motives of another.

Plaintiff is a graduate of McGill University of 1876. Defendant is a practitioner of over twenty-seven years standing in the County of Megantic. It is alleged that soon after the former had begun practice in the same place he was met by the enmity and slanderous misrepresentations of Dr. Reed. The most aggravated instance of this, which was adduced at the trial, was the following:—

Dr. Levi was called upon to treat a case of obstinate vomiting occurring in a woman then about six months pregnant. He faithfully and persistently tried for a length of time a number of those remedies and methods of treatment which are most highly recommended. But, (as is too often the case) without success; and the patient's health became very seriously impaired. Under these circumstances, he asked for a consultation with the senior practitioner of the place, who happened to be Dr. Reed. At the consultation, after explaining the treatment already followed, and his fears for the patient's safety, except something could be done for her relief, Dr. Levi proposed to discuss the advisability of resorting to the induction of premature labor. Dr. Reed advised against this measure,

and it was accordingly not performed. After a time the woman's symptoms materially improved and she went to the full time without further accident. It would appear that, on the strength of this occurrence, the defendant said to several persons that Dr. Levi had suggested to him an operation which would have resulted in the death of both mother and child, and did not hesitate to use towards him the words abortionist and murderer. To Roman Catholics he gave the information that the Church condemns the operation and that any one guilty of the same is damned.

Upon other matters in connection with Dr. Levi's practice his language was not more moderate than that quoted above.

It appears that the plaintiff Levi treated with contempt the slanders of Reed for over six months, hoping that by showing indifference Reed would ultimately cease: these libels, however, not abating at the expiration of this time, the two met in the County Registry Office, when Dr. Levi remonstrated with his opponent and told him that if he did not cease he would appeal to the Courts. Dr. Reed, knowing the difficulties Levi would meet by going to law, ridiculed the threat and repeated the slanders publicly in Levi's presence, adding that he would prove "that Dr. Levi had asked him to assist in committing a murder."

Thereupon Dr. Levi began an action of damages against Dr. Reed for $10,000 damages, in the month of October, 1877. After the case had dragged over two years, during which time there were eight enquêtes,and fifty-four witnesses were examined, the Superior Court gave judgment for the plaintiff in the following words:—"Il (le défendeur) semble n'avoir negligé aucune occasion de faire au demandeur, la plus mauvaise réputation comme médecin, dans le but de lui nuire dans l'exercise de sa profession. La persistence à cet effet a été remarquable et elle s'est manifestée de la manière la plus injurieuse jusque dans le témoignage qu'il a été appelé à rendre en cette cause. La défendeur n' a pas prouvé de provocation de la part du démandeur, et j'ai cherché en vain la justification des propos qu'il a tenus."

The defendant Reed was condemned to pay the costs of the

action and the sum of ($1000) one thousand dollars damages to plaintiff. Dr. Reed next took the case to the Court of Review, but when the case was there called neither he nor his lawyers were there to argue the case, and the Court dismissed the review. Then he took the case to the Court of Appeal at Quebec, where it was argued, and judgment given on the 5th June, 1880. Judges Monk and Ramsay, a minority of the Court agreed with judgment of the first Court, and Judges Dorion, Tessier and Cross, a majority of the Court, whilst agreeing with the pretensions of Levi in the following words: "Considering that it is proved that on several occasions at and about the dates mentioned in the declaration in this cause, the said appellant (Dr. Reed) did publicly without justification make use of certain of the slanderous expressions imputed to him in and by the said declaration, and considering that the said appellant (Reed) has failed to prove that these expressions were only used on occasions which give them the character of privileged communications," yet gave a judgment declaring the award of first court excessive, which they reduced to five hundred dollars and costs of first Court, and ordered Levi to pay the costs of the Court of Appeal, which amounted to seven hundred and eighty-four dollars, leaving Levi with a judgment in his favor and three hundred dollars out of pocket. Another reason given by the three learned Judges was that Levi had produced certain medical men of eminent standing, at great cost, to prove that the slanders of Reed so reported by him and sworn to by him when examined as a witness in the case, were scientifically erroneous and that Levi had acted in the cases on which he was attacked with prudence and ability, was illegal evidence.

The legal advisers of Dr. Levi considering the judgment and reasons of the majority of the Court of Appeal as erroneous, advised him to appeal to the Supreme Court at Ottawa. There Dr. Levi was met with a motion on the part of Dr. Reed to dismiss the appeal on a technicality. After arguing the motion, four of the Judges of the Supreme Court dismissed the motion and ordered the case to be argued on its merits. On 11th February, 1881, the Supreme Court unanimously reversed

the judgment of Court of Appeal, and restored to Levi the judgment of first Court with all costs. The Supreme Court also deciding that the medical evidence attacked by the majority of the Court of Appeal, was legal evidence, and evidence which, under the circumstances, Levi was bound to produce.

Fortunately for the credit of the profession, it is but very rarely that the strong arm of the law has to be invoked to protect one practitioner from ruinous attacks upon his professional and even his private character by another. It is, indeed, lamentable to think how utterly lost to all self-respect—how utterly wanting in the generous instincts of professional courtesy—how completely unmindful of the Hippocratic oath of every medical graduate—must that man be who, appealed to by a junior *confrère*, receives his confidential communications, goes through the farce of a so-called consultation, and then immediately proceeds so to distort and misrepresent what passed between them as to carry the most horrid ideas to the minds of the whole community. Such a use to be made of secrets learned from a confiding colleague at a professional consultation is a thing calculated to excite the anger and contempt of every right-thinking medical man—and we congratulate Dr. Levi upon having thoroughly vindicated his professional name and his private character. And more than this, he deserves the thanks of the profession of this country for the stand he has taken and the perseverance he has exhibited in carrying his case even up to the Supreme Court. For the result of this trial shows that the laws of the land will punish the slanderous inuendoes of a jealous rival, if he cannot be prevented from indulging therein by a proper respect for medical ethics.

The tardiness and the expense of legal operations have, as usual, been fully exemplified here. It took the plaintiff three years and three months, during which time he had expended fifteen hundred dollars before the final judgment was obtained!

PRESCRIPTION CHARGES.

A correspondent once more brings this subject. That there is a want of regularity or fixedness in these charges, which

frequently leads to remark from patients is quite well known to all practising physicians. It is a matter in which improvement could certainly be made, and perhaps it is to the Pharmaceutical Association that we should look for action calculated to assist in remedying and removing the grievance. The suggestion of a discussion at the Medico-Chirurgical Society is a good one and might be carried out. Our correspondent is of opinion that the Co-operative Association about to start in this city might include a dispensing department in the sphere of their operations. We believe, however, that this has not been found to work well in England. Moreover, there is a clause in the Pharmacy Act which might possibly be so construed as to actually prevent any such plan from being carried into effect, viz: that all partners in a dispensing firm must be licensed Pharmacists. However, we should be glad to hear the views of any of our readers on this subject.

CLINICS AT TORONTO UNIVERSITY.—We understand that this year, for the first time, practical bedside examinations have been held by the University of Toronto in the wards of the Toronto General Hospital. These clinical tests, which have been quite a feature at McGill College for several years past, should undoubtedly form part of the ordeal to be undergone by every aspirant for the degree which leads to the permission to practice the art of medicine. We, therefore, congratulate our sister University of Ontario upon this very decided step in advance.

HOSPITAL ELECTIONS.—The following remarks are to be found in the *British Medical Journal* concerning the recent election of Mr. Walsham to the post of Assistant-Surgeon to St. Bartholomew's Hospital. The views herein expressed are also held by many who take an interest in the affairs of our own institutions:—"All the candidates were men in favour of whom much might be urged. The election has been very keenly contested, and has entailed on all the candidates considerable and protracted labour in canvassing, not to speak of the cost,

inconvenience, and humiliation involved. This mode of election to a professional office is a relic of ancient abuses which has been abolished at the hospitals of the West End, less trammelled by the vulgar influence of City tradition. It may be hoped that in time the governors of this ancient hospital may so far rise superior to the petty love of patronage and the aldermanic pride of power, which perpetuates a mode of election which is degrading to all concerned, and is the least fitted for selecting candidates for a hospital appointment."

—The *Popular Science Monthly* for May, published by D. Appleton & Co., has the following contents: Story of a Salmon, by Prof. Jordon; Gymnastics, by Dr. Oswald; Mineral Springs of Saratoga, (illustrated), by C. F. Fish; Action of Radiant Heat on Gaseous Matter, by Prof. Tyndall; Another World Down Here, by W. Mattieu Williams; Origin and structure of Volcanic Cones, (illustrated), by H. J. Johnston-Lavis; Eyes and School-Books, by Prof. Hermann Cohn; Deep-Sea Investigation, (illustrated), by J. G. Buchanan; The Will-o'-the-Wisp and its Folk-lore, by T. F. Thistleton Dyer; Cynicism Opposed to Progress by W. A. Eddy; Some Prehistoric Vessels, (illustrated); The Horace Mann School for the Deaf, by M. G. Morrison; Color Blindness, S. R. Kochler; The Eucalyptus in the Roman Campagna, by H. N. Draper; Influence of the Post and Telegraph on International Relations, by C. M. Dunbar; Sketch of Edward D. Cope, (with portrait); With Notes, Miscellany and Literary Notices.

Medical Items.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.—The matriculation examination for candidates intending to enter the medical profession began in the old government building, Notre Dame street, on the 5th inst. and terminated on the afternoon of the 6th inst.; of 57 candidates 39 were rejected. The following are the names of the successful candidates, viz: Wyatt G. Johnson, Michael Brophy, Esdras Labonte,

H. Bayard Smith, L. C. Bussiere, Gaston Smith, W. H. Leonard, F. Simard, Phileas Morin, Jos. C. A. Blanchet, F. Jeannotte, Jos. O. Lambert, Alphonse Lamothe, Charles Prevost, Napoleon Tessier.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.—The semi-annual meeting of the Provincial Medical Board took place in Montreal on the 11th inst., Dr. R. P. Howard, President, in the chair. A letter was read from the Registrar of Bishops College stating that owing to continued ill-health Dr. David has resigned his position as one of its representatives on the Medical Board, and that Dr. Kennedy has been elected to replace him. A resolution regretting the cause which compelled Dr. David to resign was moved by Hon. Dr. Church and seconded by Dr. Marsden. Dr. Kennedy was introduced by Dr. Gibson. On the report of the assessors being read, Dr. Marsden drew attention to the fact that the new by-law limiting the attendance of assessors to three days was in contravention of the law and gave notice of a motion to amend the by-law, so that a larger allowance can be had and the provisions of the law thus carried out. A protest was read from Victoria School of Medicine against granting licenses to graduates of Laval Medical School, Montreal. A lively discussion ensued, when it was carried that pending the decision of the courts the Provincial Medical Board should, as formerly, give its license to graduates of the four schools mentioned in the Medical Act. Licenses were granted to about 40 candidates: from McGill, Bishop's, Victoria and Laval. The governors were entertained at lunch at the Richelieu Hotel by the governors resident in Montreal.

MIDWIFERY IN THE PARIS HOSPITALS.—The general hospitals of Paris receive midwifery cases and deliver the patients very often in the common wards, where they are subjected to all the dangers of septic infection. In consequence of this, and, it is said, of the incompetency of the internes, the mortality is very great. The Municipal Council is now taking some steps toward securing reform. For some reason, the hospitals of Paris are getting a very bad reputation in every way. It is reported that

their cleanliness is not great, that the nursing is poor, that the patients are poorly fed, inhumanly treated, and barbarously experimented upon.

PRACTICAL INSTRUCTIONS IN OBSTETRICS.—While the theory of midwifery is presented to medical students in our colleges with great care and sufficient fullness, it is certainly lamentable that the great majority of graduates go out from school without any actual experience of real cases. Occasionally the professor of obstetrics is so connected with such hospital facilities as to enable him to afford one or more cases to each candidate of his class; but these facilities are exceptional, and doubtless the great majority of graduates put out their shingles without ever having witnessed a case of actual labor.—*Obstetric Gazette.*

—The Chicago *Medical Journal and Examiner* criticises the appearance of the "divine Sarah." Though it may be the aim of fashionable ladies of the present day to appear somewhat ethereal yet the attenuation attained by the Bernhardt must be considered beyond what is desirable, for the above paper says, "she was so thin that when she took a pill she looked as if she was pregnant!"

A CONSULTATION.

A single Doctor like a sculler plies,
The patient lingers and, by inches dies.
But two physicians, like a pair of oars,
Waft him with swiftness to the Stygian shores.

—*London Medical Gazette.*

—Toll the bell then for another "good intention" gone, for another lofty purpose shrivelled in an unthrifty soil. Write as its epitaph that Bellevue tried to be better than its neighbors, but it lacked the stamina and returned from a moral to a commercial basis, leaving behind its high resolves. Learn from its action that money seemed better than educational elevation, and students than medical reform.—*N. Y. Med. Record.*

"WHO SHALL DECIDE WHEN DOCTORS," ETC.—The medical profession is *Jenner*-ally represented as disinclined to be hand and glove with Dr. Kidd. This is a *Quain*-t way of putting it. —*Punch.*

POST HOC ERGO PROPTER HOC.—Dr. Paris in his *Pharmacologia* tells a story of a Florentine quack, who gave a countryman six pills, which were to enable him to find his lost ass; the pills beginning to operate, obliged him to retire into a wood, where he found his ass. The clown soon spread a report of the wonderful success of the quack, who in consequence, reaped an ample reward from the proprietors of strayed cattle.

A RHYME WITHOUT A REASON.—(*By an eminent allopathist*):

I do not like you, Dr. Kidd;
Yet why I don't and never did,
Can't say, but I will bet a "quid"
I do *not* like you Dr. Kidd.

—*Punch.*

—Printers errors are notoriously often awkward. The following occurs in an article praising Bromo-chloralum: Mrs. R. æt. 59, confined to her bed for several weeks, a bedsore developed upon the lower part of the *scrotum!*

MEDICAL PEERAGES.—The *Lyon Medical* relates that, under Louis Philippe, Dr. Doultre was offered a peerage on condition of resigning active medical practice. He declined it coupled with that condition; and never received the proferred title. The reason for imposing the condition was coarsely stated by a member of the Upper Chamber as: "Je ne veux pas pour collégue, avoir le Comte de S——, un homme à qui je puis tous les jours montrer mon c.... pour vingt francs."

FLUID EXTRACT OF ERGOT.—In presenting to the medical profession our Fluid Extract of Ergot, we fully realize the responsibility assumed in making the representations we do in regard to our preparation. The menstruum used is that best adapted for extracting all the active matter, and retaining its full power. Each minim represents one grain of the freshly powdered drug. It is entirely free from acid, and can be used subcutaneously without irritation in most cases, having in this respect a great advantage over the watery solutions, which decompose very rapidly. Our menstruum is simply Water, Alcohol and Glycerine —no heat whatever is used in its manufacture. Since adopting this formula, a number of valuable papers from foreign authorities have endorsed our views. We confidently claim for it a value and efficacy superior to any other preparation of this drug.

JOHN WYETH & BRO., PHILADELPHIA.

CANADA

MEDICAL & SURGICAL JOURNAL

JUNE, 1881.

Original Communications.

CLINICAL LECTURE ON A CASE OF FIBROID PHTHISIS.

By WM. OSLER, M.D., M.R.C.P., Lond.

Professor of the Institutes of Medicine in McGill University, and Physician to the Montreal General Hospital.

(*Delivered at the Montreal General Hospital in the Summer Session Course, May* 10, 1881.)

Reported Stenographically by S. A. Abbott, Esq., of the Hansard Staff.

Gentlemen: There is no disease that you will have greater difficulty in thoroughly understanding than phthisis. I have no doubt that to many of you the difficulties which this subject presents have already become apparent. It is, in fact, at present, the bugbear of medical students, particularly in their last year. This is owing in great part to the inherent complexity of the subject, and in part, I am sorry to say, to the exceedingly diverse theories and views which at present prevail upon the pathology of the disease.

The simplest classification of phthisis is into pneumonic, tuberculous and fibroid varieties. It is of the last that I wish to speak to you to-day, and to show you this interesting example of the disease which many of you have already studied in the ward. This form of phthisis is characterized by certain peculiar features. In the first place, it runs an unusually long course. Patients may live for twenty-five or thirty years; in many instances, indeed, it does not diminish to any great extent their term of existence. I will refer, in a few minutes, to a case of a gentleman who has

been under Dr. Howard's observation for the last twenty or twenty-five years, and who only died last week of the affection.

Then, in the next place, it lacks certain of those characteristic features which we recognise in ordinary phthisis. The patients have not night sweats; they rarely have diarrhœa, and the loss of flesh is not very marked. They may have attacks of hæmoptysis, occurring usually at long intervals. On examination they present certain peculiarities, so much so, that superficial inspection alone may be sufficient to give you a good idea of the nature of the disease from which the patient is suffering. There is generally some contraction of one side the chest, accompanied by deficient expansion and some degree of immobility. There is not much fever throughout the disease except towards the close. Most of the patients are able to engage in the ordinary occupations of life and are only troubled with a cough and more or less expectoration. As a rule they enjoy a tolerably quiet existence for a long period of time. They are subject to recurring attacks of bronchitis, particularly in the winter season. The history of this patient is as follows:

J. W., aged 44, a native of Sheffield, a saw-maker by trade, admitted April 18th with cough and shortness of breath. Family history is good; none of his relations have died of consumption. Has worked at his trade from his youth; the special work which he does is beating the saw blades and is not accompanied by much dust. Has been a pretty steady drinker, though not a drunkard. Was strong and healthy up to about five years ago, when, in the winter of 1875, he spat a small amount of blood and had a cough, but did not leave off work. Had no pain in the side; does not think that he was feverish. The next spring he returned to Canada and remained well until the autumn, when he entered hospital for bronchitis. He has had a cough ever since, and has been laid up part of each winter, getting better in the summer. He has spat blood on several occasions, but never much at a time. Has not had night sweats or diarrhœa. Has lost flesh, particularly in the last four months. Coughing is chiefly in spells, which are violent and very often accompanied

by vomiting. Has never brought up very large quantities at a time; never noticed the phlegm to be stinking. Has not had palpitation of the heart; feet have never swollen. The fingers are clubbed and the nails incurvated.

This man has suffered for the past five or six years from these symptoms, the cough coming chiefly in the winter, during which time he has had to lay up for a longer or shorter period.

(The patient disrobes to the hips and is examined.)

Notice in the first place that the left shoulder is a little lower than the right. There is decided flattening of the left half of the chest, and when he draws a full breath there is deficient expansion. The heart is drawn a little to the left and is beating a little outside the nipple line, but it is not displaced nearly to the extent we sometimes find it. Sometimes you may find it beating high up in the mammary region, owing to the drawing up of the heart by the contraction of the lung. On measurement of the chest the left side is smaller than the right; the left measures 15½ inches and the right side 16½ inches, not so great a difference as one might have expected. On percussion you will notice that there is uniform dulness, a hard, flat note, over the whole posterior region of the chest, and a similar note in front. The note is nowhere tubular, as is sometimes found. There is a little resonance high up in the axillary region. The tactile fremitus is not markedly increased, but the vocal resonance is greatly exaggerated, approaching to bronchophonic over the greater portion of the dull regions.

On auscultation you hear very peculiar and characteristic sounds. The breathing in front is hollow, and of the character known as cavernous. It is accompanied by râles, some of which are whistling and piping, and others, just below the clavicle are more gurgling in character and suggest bubbles passing through a liquid. These cavernous sounds are heard all over the front and in the lateral regions. The breathing at the upper part of the lung behind and in the left inter-scapular region is weak, as those of you who have examined this man will remember. At the outer angle of the scapula the breathing is intensely hollow, approaching to amphoric, and is also accompanied by

râles. The voice sounds are heard with much greater intensity—pectoriloquy.

These are the chief features on a physical examination of this patient. You find flattening of the left side of the chest, deficient expansion, dulness, increased vocal resonance, and numerous cavernous signs over the greater portion of the dull region. At the apex behind and in the left inter-scapular region, the breath sounds are somewhat diminished, being weaker than in the other regions. Over the right lung the breath sounds are clear except at the extreme apex of the lung. At this part you hear coarse breathing, a prolonged expiratory murmur and râles. These are heard in the right infra-clavicular region and at the apex behind. In the rest of the lung the breathing is loud, distinct and unaccompanied by râles.

Now the affections which could produce such a condition as this are very limited. There are only three or four which cause contraction and immobility of one side of the chest, with a dull percussion note. These are fibroid phthisis, or cirrhosis of the lung; chronic pleurisy with retraction, and malignant disease of the lung, and you have to distinguish between them. The immobility of the side of the chest and the dull note might be produced by a general collapse of the lung, or by a chronic pneumonia, but you would scarcely have the flattening and retraction.

Now, between fibroid phthisis and a cancer of the lung there can rarely be any difficulty in the diagnosis. In the case of this patient the phthisis has lasted for five years, cancer of the lung seldom lasts over a year. Cancer of the lung almost invariably invades it from the mediastinum, and you have other symptoms of intra-thoracic pressure which we have not in this patient. Moreover the cachectic appearance of a patient with cancer is marked. There can be no doubt in such a case as this.

The diagnosis between chronic pleurisy with retraction and this condition of fibroid phthisis, presents greater difficulty. In both you have dullness, deficient expansion and retraction of one side of the chest. The shoulder is usually depressed much more on the affected side in chronic pleurisy with retraction than in fibroid phthisis. The chief differences to be met with on

auscultation of the chest are these: in chronic pleurisy with retraction you do not find the cavernous signs, which are so commonly heard in fibroid phthisis. The breathing is weak and feeble. Some of you may remember the patient with chronic pleurisy, with retraction, that was in No. 11 Ward two summers ago. That man had lowering of the shoulder, retraction of the side, and dullness over the greater part of his lung. The diagnosis between collapsed lung and chronic pneumonia I need not go into.

Now with reference to the morbid anatomy of this disease, the affection is known as fibroid phthisis or cirrhosis of the lung, both terms indicating an increase in the fibrous elements of the organ. The latter term was given by Sir D. Corrigan, and I pass around the Plate illustrating his paper. It is, in fact, a fibroid substitution: the normal, histological elements of the lung are replaced by a fibrous tissue which in time undergoes contraction, as all new growths of fibrous tissue do. On examination of one of these patients after death you will have such a condition as you see in the lung I now exhibit to you. This was from a case of cirrhosis of the lung, which died under Dr. Ross's care in the hospital, in January, 1877. In the first place, the lung is greatly reduced in size. It was firmly connected to the chest wall, the pleura is much thickened, in places nearly an inch in diameter. On feeling the lung it does not crepitate, but is firm, dense and leathery. When cut it has a marbled look, being interspersed with areas of pigmentation. At the upper part of it you see an extensive cavity with thick walls, communicating directly with several bronchi. Certain of the bronchial tubes are much dilated, not so marked in this specimen as in others which I have seen.

The characteristics I have given you as pertaining to this special lung may be taken as belonging to the great majority of cases of fibroid diseased lung. In the case from which the specimen was taken, there was a very small cavity in the apex of the other lung, the rest of the organ was healthy.

Now in connection with the morbid changes in this disease you usually find that the heart is increased in size. It is hypertrophied, particularly the right ventricle. That chamber has an

increased amount of work to do, because of the reduction in the number of capillaries in the lungs. The one lung is cut off in great part from the circulation, and in consequence the right heart has an increased amount of work. The unaffected lung is usually of large size, as in this specimen from the case to which I referred a short time ago. The patient requested that after his death his lung should be sent to Dr. Howard for examination, as the doctor had watched the case for many years. You see what a large lung it is. It is much hypertrophied; the other lung was reduced to such an insignificant condition that the medical man who performed the *post mortem* was not able to find it. He speaks of a mass of jelly-like substance, but no lung. No doubt it was shrivelled to a piece not the size of my hand, and flattened against the vertebral column. In the heart from this case you will see the thickening of the right ventricle, the walls of which are much hypertrophied.

In the late stages of the disease, particularly in cases with extensive cavities in the lung, it is not uncommon to meet with amyloid degeneration of the various organs. In a case which was under my care in the summer of 1879, in Ward 23, there was extensive amyloid degeneration of the liver, spleen and kidneys. The kidneys and the liver occasionally present evidences of the same disease, namely, sclerosis.

Now with regard to the causation or etiology of this disease, there can be no doubt that it is complex. In fact, several different varieties may be recognized. We may speak, indeed, of phthisis as a genus which has several species, and each of these species has several varieties. Phthisis being the genus, it has, as species, the tuberculous, the pneumonic and the fibroid. Now the fibroid species has several well marked varieties, just as the species of animals and plants have different varieties. The first you can call the *bronchitic;* that is to say, chronic bronchitis precedes the disease and appears to stand in causal relationship with it. The second is *pleuritic.* The disease is caused by and depends upon a fibroid induration of the pleural membranes. which induration extends to and involves the entire lung. According to some writers, a very considerable proportion of the

cases of fibroid phthisis belongs to this special variety. Thirdly, there is the *pneumonic;* about that there is a great deal of doubt. Certain writers state that one mode of termination of a simple pneumonia is in fibroid induration of the lung. The exudation does not resolve, the dullness persists and ultimately fibroid changes go on in the air cells until the entire organ becomes indurated. I do not know of any instance on record in which the pneumonia has been definitely followed until the case resolved itself into one of fibroid phthisis. The fourth variety is *syphilitic.* There can be no doubt that syphilis may induce a fibroid condition of the lungs. Many cases have now been recorded of fibroid induration, occurring chiefly in patches, which are directly due to syphillis. The last and most important variety is that due to the *inhalation of dust.* This is a variety known as miners' phthisis, stone-cutters' phthisis, axe grinders' and file sharpeners' phthisis. In this variety the inhalation of particles of dust and grit excites a chronic bronchitis; fibroid induration occurs about the bronchi and gradually extends throughout the lung until you have extensive fibroid areas. In the past five years I have had three instances of this variety under my care. I show you here a lung presenting what is known as the carbonaceous cirrhosis, or miners' phthisis. You see that the greater portion of it is converted into a mass of firm, dark tissue, looking more like a bit of hard coal than a lung. The greater portion is indurated by this growth of fibroid tissue and the deposition of these dark carbonaceous particles. That the dark coloring matter in the lungs is due to the inhalation of coal particles, is proved by the fact that on examination you can see portions of the vegetable tissue of the coal. In this drawing which I made from a case of miners' phthisis which occurred under my care in 1876, you will see portions of the scalariform tissue and of dotted ducts, both taken from the case to which I refer. The workers in the foundries and axe manufactories of Sheffield are very prone to a form of fibroid phthisis, produced by the inhalation of particles arising from the grinding of tools. In the same way the workers in the iron mines are subject to a form of fibroid phthisis which is called *siderosis.*

The coal miners' phthisis is known as *anthracosis*. These are the chief varieties of fibroid phthisis, divided according to their exciting causes. In most of the cases both lungs are affected. In the common form such as you have before you, due, apparently, to chronic bronchitis, only one lung is involved; why, it is difficult to say. Usually, at least in all the case I have examined, there have been traces of caseous matter, either in the affected lung or in the apex of the sound lung. This does not necessarily indicate that these were tuberculous in their origin, though it is of course possible for the tuberculous form of the disease to undergo fibroid degeneration.

The course of the disease, I have already told you, is exceedingly chronic. The patient of Dr. Howard's to which I referred was under his observation for over twenty-five years. Indeed, chronicity is one of the remarkable features in connection with the disease. The patients suffer from attacks of bronchitis, which come on during cold weather. The cough is apt to be spasmodic, the expectoration is usually profuse, very often half a cupful or a cupful is brought up at a time. The phlegm is frequently stinking, having remained lodged for sometime in a cavity or in a dilated bronchial tube. There is not much fever except when the patient takes a fresh cold. Several symptoms come on towards the close when the hypertrophy of the right ventricle of the right side of the heart begins to fail. When there is dilatation of the right ventricle and incompetency of the tricuspid valves, they then begin to have dropsy of the legs, sometimes dropsy of the belly. These symptoms usually precede a fatal issue of the case. That is a very common train of symptoms, and it occurred in the case of a woman who was under my care in Ward 23, in 1879. Other cases die of *asthenia* or gradual failure of strength. Expectoration becomes more profuse, and they die of gradual wasting. The man who died under my care this time last year of miners' phthisis, and whose lung I now exhibit to you, died of *asthenia*. He had been under my care for two years, and gradually coughed himself away. Then, again, other cases die of waxy degeneration of the organs. The chronic loss of pus from the cavities in this disease, tends to

produce the peculiar degeneration known as waxy or amyloid. The woman I spoke of as dying in Ward 23, had extensive amyloid degeneration. Lastly, some cases die of hæmorrhage from the lungs, which is not an uncommon symptom. The bleeding is caused either by rupture of a small aneurism on the walls of one of the cavities, or ulceration of the branch of an artery.

The prognosis depends entirely on the condition of your patient. In this man's case the outlook is bad. He has lost a good deal of flesh in the past year, disease is evidently commencing in the other lung, in which there is a cavity at the apex, and he very probably has tuberculous disease. Where the one lung is healthy and uninvolved the patient may live for a considerable period of time and enjoy comparatively good health.

Nothing special need be said with reference to treatment. It is entirely a treatment of symptoms. This man came in with severe cough; he was put to bed and given a sedative cough mixture, and soon felt improved. The shortness of breath diminished, and he is now feeling pretty comfortable and is ready to go out. During the summer months these patients always improve; during the winter months their bronchitis is aggravated and they are always more troubled with a cough.

One point with reference to the treatment, and it also bears upon the cause of the disease, and that is, the use of alcohol in phthisis. It is believed by many, that the use of alcohol in large quantities in certain forms of phthisis tends to produce a fibroid degeneration of the affected lung, and of course tends to a cure, because this fibroid substitution in a lung is in a measure a healing process. Now it is a peculiar fact in connection with many of these cases of fibroid phthisis, that they occur in persons who have been habitual drinkers. Such has been the experience of Dr. Andrew Clark, who was one of the first to call attention to this affection. It has also been the experience of the physicians at Guy's Hospital, and of many other English physicians. The man we have just examined seems to have been a pretty hard drinker. I merely mention this as an interesting fact in connection with this disease.

This patient will remain in until to-morrow afternoon, and I

would recommend those of you who have not already done so, to examine him thoroughly and try to get the main features of the case impressed upon your minds, as he affords an exceptionally good illustration of the disease.

CASE OF CHOREA WITH RECENT ENDOCARDITIS.

By W. A. MOLSON, M.D., M.R.C.S., Eng.,
Physician, Montreal General Hospital.

[*Read before the Medico-Chirurgical Society of Montreal.*]

T. B., aged 11 years, a strong and well developed lad, working in a tobacco factory, came to the Montreal General Hospital, July 15th, 1880, suffering from constant twitching movements of hands, arms and legs, having recovered from a previous attack in the month of May. The family history was good. About four weeks before, noticed that he could not keep still, and that there was constant twitching of arms and legs on both sides, also of face, eyes and mouth; these movements ceasing entirely during sleep. From the first the patient was unable to articulate any words, though he can protrude his tongue quite easily and straight. There is no difficulty in swallowing or in urination or defæcation. There is no history of fright, rheumatism, or scarlet fever. The heart sounds are strong and regular, with sometimes slight duplication. Was ordered Fowler's solution ♏ v every four hours. He improved rapidly, so that in about five weeks he was quite recovered.

March 3rd.—Patient came to the hospital again to day, the choreic movements having returned about ten days previously. He was again examined, and no heart murmur was discovered. Ordered the same mixture as before, and was improving again until the 10th of the month, when he began to get feverish. On the 12th, while being moved, in his mother's arms, from one room to another, he suddenly threw his head back and appeared to go off into a faint.

March 14th.—At 6 p.m. I found him with fairly large pupils of equal size. He cannot be roused with shouting or pinching, though the parents say he could be during the day. The tem-

perature in the mouth was 104 3-5° ; incontinence of urine ; no movement of bowels. The left arm is quite powerless and limp ; he can move the right leg ; there is constant twitching of the right arm and leg ; respirations 32, not blowing or stertorous ; no flushing of face ; pulse very quick and uncountable ; muscles on left side of face much relaxed, and face appears slightly drawn over to right side.

March 15th.—Pulse 140, Temperature 105 2-5, respiration 43 ; pupil of left eye contracted ; right pupil fairly dilated, though acting sluggishly in light, also ptosis on this side, with sordes on teeth and lips ; has taken about a cup of milk during the last twenty-four hours ; still incontinence of urine and fæces. He cannot be roused ; is said to have moved left arm slightly during the night, though it appears powerless. Ordered Pot. Iod. gr v, and Pot. Bromid. gr. x, every four hours, with cold to head.

March 16th.—Patient died comatose last night.

Post mortem made by Dr. Osler.—Body fairly well nourished. A few cutaneous ecchymoses. Heart appears a little enlarged ; petechia beneath the pericardium ; clotted blood in all the chambers ; valves and orifices on right side normal. In the left ventricle the mitral orifice was firmly blocked by a dark coagulum, intimately adherent to the edges of the valves and to the chordæs tendinæ. On removing this, numerous large vegetations were seen springing from the auricular edge of the segments in their entire extent. Those attached to the anterior curtain were the largest, and projected considerably beyond the margin of the valve. They were soft, greyish white in color, irregular on the surface, and coated with a thin coagulum. There was no destruction of tissue, but the projecting outgrowths must have considerably impeded the flow of blood frem the auricle, and also prevented the perfect adaptation of the segments. The left auricle was somewhat larger than normal ; the left ventricle appeared a little larger ; aortic orifice and valves healthy.

Lungs crepitant throughout, collapsed at bases ; ecchymoses beneath pleuræ.

Spleen about two and a half times the natural size, tissue soft; several recent infarctions, greyish red in color, not softened, not puriform.

Kidneys enlarged and presented numerous recent infarctions of a dull red color, not puriform. Some of them were firm and dry, and looked older than the others. Nothing specially noteworthy in liver, stomach or intestines.

Brain membranes healthy, slight thin extravasation over the left occipital lobe, vessels normal, arteries at base full, those of cortex also injected. Substance on section looked healthy, with the exception of one spot about the size of a sixpence, in the right corpus striatum, about its middle, which was softer, greyish red in color, and contrasted strongly with the corresponding section on the other side. The arteries ef the corpus striatum were carefully drawn out and examined microscopically; no emboli were found. The greyish red substance presented much granular matter, nerve fibres and large granular corpuscles.

A CASE OF PSEUDO-CYESIS OR PHANTOM PREGNANCY.

By GEORGE ROSS, A.M., M.D.,

Prof. Clinical Medicine, McGill University; Physican to the Montreal General Hospital, &c.

E. C., æt. 48, a well-nourished woman and of good intelligence, entered the Montreal General Hospital on October 14th, 1880, under my care. Enjoyed comparatively good health during childhood. Commenced to menstruate at 18 years of age, and continued quite regular up to the age of 30, when she married, Menses continued regular during the following year, when she thought she became pregnant (menses becoming arrested); there was no return of the latter for three months, when she says she miscarried, an abundant flow having taken place, lasting about four days. From that time the menses did not return for *fourteen years*, during which time she suffered very much from weakness. She frequently sought medical aid for the purpose of having the function restored, but all to no purpose, till at the end of 14 years she had a spontaneous return of the flow for one period

only, this was preceded for some days by sensations of fullness in the head and by epistaxis.

At the next menstrual period there was no return of the flow, but the patient began to suffer from and show some of the common signs of pregnancy, morning vomiting, unnatural desires and longings, &c. Towards end of fifth month thought she felt kicking and jerking movements of the child, growing stronger from time to time. Abdomen gradually enlarged, as did also the breasts, milk appearing in the latter and escaping at the nipples as gestation advanced. Towards end of gestation suffered very much from constipation and incontinence of urine, and about end of ninth month from sharp shooting pains commencing in and radiating from the back, becoming more severe and bearing down in character. The doctor was summoned but on his arrival the pains passed off and returned only at intervals for a few days and ultimately ceased entirely.

At this time, the breasts were large and distended with milk, some of which was drawn off with the breast pump; they then gradually diminished in size, and finally assumed their original dimensions. In the meantime the movements of the child began to grow weaker, and at longer intervals, and finally ceased altogether. During that summer and the following autumn she frequently suffered from pains of a bearing down character (as if she were about to be delivered), and also from violent attacks of vomiting, vomited matter being frequently mixed with blood.

The abdomen did not diminish in size, but, on the contrary, the patient became more corpulent, and about the following new year (1878), she again experienced the jerking and kicking movements, as before mentioned, and the abdomen again enlarged to a much greater degree, as did also the breasts, which again gave evidence of the presence of milk.

Late in the month of January she consulted a physician, who examined her and told her she was carrying a dead weight, and that she was seven months pregnant of her second child. She states that in the month of February she had a discharge from the vagina, somewhat profuse, and lasting from two to three weeks, very offensive and fœtid, as of decayed material.

In March she again suffered violent pains, as of approaching labor, and the medical man was once more summoned, and again disappointed. She says that a quantity of water was discharged from the vagina just before the doctor's arrival, and the pains ceased, something was given to strengthen these but without effect; pains did not return after that time. Breasts soon began to diminish in size and firmness, but abdomen continued enlarged, and the movements of the child also continued, and have done so ever since, but seem to be more of a struggling nature, as if requiring more effort on the part of the child. These movements she says are unmistakeable, and have been frequently appreciated by many of her neighbours, who have naturally become greatly interested in her condition.

The patient is a stout, healthy looking woman; generally cheerful but always anxious to talk about her own condition, on which subject she manifests considerable anxiety. She is perfectly convinced that she is carrying a dead child in her abdomen, and her visit to the hospital has been made with a view to having it removed, if possible. Palpation and percussion of the abdomen showed nothing but a very great development of subcutaneous fat. Exploration per vaginam found the pelvic organs in a normal condition, and the uterine sound entered to the normal depth.

The above case is clearly one of those to which the term pseudo-cyesis has been applied, and exhibits strikingly some of the special features of this illusionary complaint. Its occurrence in a barren woman; a possible early miscarriage, giving rise to the hope of having a family; remarkably prolonged absence of menstruation; the occurrence of one period, recalling the anticipations, now almost given up; renewed cessation, causing suspicion of pregnancy; the simulation of many signs of pregnancy, notably milk in the breasts, the coming on of labor pains at the proper time. No doubt the fact of her medical attendant having agreed to the diagnosis of pregnancy, and then, to account for the non-appearance of the "fruit," having said that the child was dead, served to settle firmly the idea in the woman's mind. An attempt was made to explain to her the real state of the

case, but on this point she was not open to reason or argument of any kind. She *knew* it was there, she had *felt* it moving, and she could feel it still with her own hands, &c., &c. Her husband, however, accepted the opinion given, saying that he had long been of the same mind.

LONDON LETTER.

CLINICAL LECTURE BY DR. ANDREW CLARK, PHYSICIAN TO THE LONDON HOSPITAL, ON ULCER OF THE STOMACH.

COMMUNICATED BY T. W. MILLS, M.D.

The entire class having accompanied Dr. Clark to the ward, one of the students was called out from the throng and asked to interrogate the patient so as to elicit her history and symptoms, the doctor assisting either by suggestions or by criticisms, one of which I well remember was this: "You are told not to ask leading questions; but, as a matter of fact, you are sometimes under the necessity of asking so-called leading questions, if you would get the information at all." This portion of the work being over, all retired to the lecture-room, where the doctor proceeded to discuss the case in some such fashion as follows:

Family history, in a case of this kind, is of importance—for phthisis or gout in the parent may be represented by ulcer of the stomach in the offspring. Our patient, Elizabeth G., aged 35, complains of pain; of pain *after* food, of circumscribed pain, and a pain that shoots through to the back; she also has vomiting frequently, also after food. In a case like this, the differential diagnosis is between malignant disease, perforating ulcer of the stomach, catarrh, and simple erosion. The symptoms of the two latter are so much less acute than those of this patient, that they may at once be left out of the consideration. This patient also often vomits blood; but some neuralgia of the stomach may be associated with extravasation of blood. In catarrh of the stomach, moreover, the pain may be present at any time—is not necessarily present only when food is in the stomach, as in the case of ulcer.

It may be said at first that there is very little ground for

entertaining the suspicion of cancer in this case. The woman is under middle age; she has not had the characteristic cachexia; but patients may have cancer at any age, and they may not only show no cachexia, but even present a rosy aspect.

Cancer is generally associated with loss of flesh, strength, color and sleep. Perforating ulcer has often a connection with amenorrhœa, and may either exist with phthisis or be followed by it. In this case we seem shut up to the diagnosis of gastric ulcer—usually known as perforating ulcer of the stomach.

Now, what are the *perils* to which such a patient is exposed? They are three: Exhaustion, hæmorrhage, and consequent perforation, followed by peritonitis. The treatment may be considered under three heads also: diet, quiet, and medicine; and of the three, the first two are by far the most important.

The patient had better be kept in bed, so that any attempt to heal on the part of the ulcer may not in the least be interfered with by the movements of the body. Now on what shall we feed—and of equal importance is it to ask *how* shall we feed—our patient? In hospital this is a much easier matter than in private practice. I am accustomed to make out for my own patients a regular dietary in the form of a table, giving as much variety consistent with simplicity as possible.

Well, then, to speak generally, the diet must be simple, easily digested, yet nutritious. You will generally find it well to begin with an entirely liquid food; but as soon as possible increas ing quantities of solid material should be mingled with the liquid—so as to make it semi-solid or pultaceous in consistence. The patient should have four or five meals a day. On waking in the morning she may take a cup of warm milk; about 9 or 10 o'clock she should take breakfast, which may consist of the following: "Tops and bottoms" covered with boiling water, this poured off and replaced by milk, with a due proportion of sugar. At 1—2 o'clock she may take dinner, which may be a little heavier; that is to say, may consist of broth—a very little light fish—tapioca, rice, custard or something of that kind. At 5 o'clock she may have a meal in all essentials a repetition of the morning meal; and before going to sleep she may

take a small cupful of milk. It is important that the meals be not too large, as distension of the stomach and the tendency to vomiting may thus be obviated. All food should be of moderate temperature. No wine or spirits should be taken; but if your patient—your private patient—will have spirits, a little brandy and water, in as dilute a form as may be, will be the least objectionable.

As to medicine, it is of great moment that the bowels be kept regular, but that purgatives should be avoided. You will find such a prescription as the following of great service:

℞ Bismuth Subnit.,
Magnes. Carb. āā - - - grs. xv.
Liq. Morph. Hydrochlorat, - - ♏xv.
Aquæ ad - - - - - - - - - ℥i. Misce.

The carbonate of magnesia in this mixture will correct the constipating effects of the morphia, while the other constituents will tend to soothe the irritable organ.

Now as to your prognosis. There is nothing that so makes or mars a physician as prognosis. Fortunately, in most cases you can tell friends that if they perseveringly carry out this treatment, especially the part relating to diet, in which they can lend so much assistance, the patient will probably get well.

I have omitted some details in the treatment that the lecturer dwelt upon, for Dr. Clark is a man whose treatment is a very marked part of his practice. He has that good feature of the old school with all the accuracy in physical diagnosis of the new. Upon reading over what I have written, it seems but very imperfectly to convey to me what the original lecture did. The salient points are noted, but every good teacher has about him much—much that is indescribable perhaps—certainly much that no mere report, even a *verbatim* one (which mine is not), can ever convey. If the reader will suppose that he is listening to a man with indications of the age of about 55 or 60, but with all the enthusiasm, the vim, the dash, and almost the rapidity and brilliancy of 25, and, at the same time, much of the concentration growing out of a vast experience and long practice in teaching men of all degrees of knowledge, he may have some

idea of how a clinical lecture by Dr. Andrew Clark really impresses the hearer. Whatever opinion I may be inclined to hold as to Dr. Clark's relative place among the distinguished men of London, I have no hesitation in saying that he is one of the best *teachers* of medicine in this great metropolis. He understands what so few people who teach seem to realize in any appreciable degree—that is, the state of mind of the listener, the learner. I have known him to check men in details, and with purpose keep to broader, general outlines.

"That is sufficient for a practical diagnosis, and leave the minutiæ for after investigation." He thus in a short time furnishes the student with a skeleton knowledge of disease, that has the merit of being clear and readily applicable—which view of disease I notice some men never seem clearly to have in their own minds.

But, Mr. Editor, this letter is long enough, and I shall probably be compelled to return to this fruitful subject of lecturers, teachers and students in another letter. I confess to having no desire that the eye of the famous doctor should light upon my report, for I fear he would think I did him but scant justice; but then, good doctor, sweet doctor, I am not a writer of shorthand, so forgive me this once and I don't think I shall do it again. And will you do likewise, Mr. Editor?

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASE UNDER THE CARE OF DR. MOLSON.

Case of Sunstroke.—Reported by Dr. A. Henderson.

Jane K., æt. 25, a strong, well-nourished woman, of plethoric habit, arrived in the city on the morning of the 24th May last, by the emigrant train from Quebec. During the voyage from Ireland, very rough weather was experienced, and the patient suffered greatly from sea-sickness, in consequence of which she was in a very exhausted condition on her arrival. The day was most oppressively warm and sultry and the patient had occa-

sion to walk about the city, during the greater portion of the day, somewhat heavily clad and carrying a bundle in her arms. During the afternoon she suffered greatly from heat, thirst and a violent headache and also from severe palpitation of the heart and dizziness. About five o'clock she fell in a fit on Notre Dame Street and was taken to the St. Bridget's home in an insensible condition. She was subsequently removed to the Hospital where she arrived about seven o'clock in the evening. She was then quite unconscious. Breathing natural, inclined to be full and slow. Pulse 100, full and bounding; skin dry and harsh; temperature 105° F. Face flushed, pupils contracted to size of pin's head. Had defæcated in her clothing; no paralysis.

Ordered ice cap to head, blister to nap of neck, and two drops of croton oil to be given internally. At midnight she was much better and could be roused to answer with difficulty. In the morning of the 25th was bright and intelligent, answered questions promptly and declared herself well. Temp. 100½°, pulse full but less bounding 94, pupils not contracted, still slight headache, skin dry and harsh. In the meantime the ice was kept to the head and the bowels kept freely open, on the following day all disagreeable symptoms had entirely disappeared.

MEDICAL CASE UNDER THE CARE OF DR. GEORGE ROSS.

Case of Singularly Intermittent Pyrexia, accompanied by acceleration of the pulse and peculiar nervous disturbances.—Reported by Dr. A. Henderson, Assistant House Surgeon.

Jane D., æt. 20, a well-nourished Welsh girl, of good previous history, but strong tubercular family history, was recommended to the hospital as suffering probably from typhoid fever, during last winter.

She states that ten days prior to her admission she was suddenly seized with severe chills followed by fever, intense headache and intolerance of light, wakefulness and spectral illusions at night, and severe and urgent vomiting which came on the next day. This condition continued with greater or less severity during the next three days, when the vomiting ceased and

she gradually began to improve, and was soon able to resume her duties as housemaid, which she performed for the next five days, when she was seized in a similar manner, and thereupon sought admission into the hospital, when she presented the usual symptoms peculiar to a febrile condition: slight fever, rapid pulse, furred tongue, headache, constipated bowels and high colored acid urine; no iliac tenderness and no rash present. A mild calomel purge was administered with good effect; on the second morning after admission the temperature and pulse had become normal, and the general symptoms had subsided. Her condition continued improved for 36 hours, till on the evening of the fifth day the temperature suddenly rose to 105°, and coincidently with this there was an aggravation of all the symptoms already complained of, viz., intense headache, vomiting, wakefulness, with severe epigastric pain and tenderness, great retraction of abdomen, constipation, profuse perspiration, breathing shallow and considerably hurried, tongue moist and furred, breath offensive, eyes staring, pupils widely dilated and oscillating (ophthalmoscope revealed nothing abnormal); special senses unimpaired, beyond slight spectral illusions during the night; pulse rapid—124—full and regular; thoracic and abdominal organs normal. A brisk purgative was given, which acted freely. On the following morning the temperature had fallen to 101° and pulse 100, with a corresponding improvement in the general condition, and on the following evening the temperature and pulse had returned to natural frequency, with almost total disappearance of the abnormal symptoms; tongue only slightly coated, lips more moist, pupils still widely dilated, but oscillations are less marked and no intolerance of light.

During the four days which followed, the patient seemed to have quite recovered, and was lively and talkative, and taking her food well, and was at length allowed to get up, when she again began to complain of a feeling of malaise, with returning headache and loss of appetite, with pain in region of stomach. The temperature now began to rise gradually and the pulse increase in frequency until the fourth day, when the former reached 104°, with complete renewal of all the symptoms

Day of fever	
Temp.	
Pulse	

Day of fever	
Temp	10
	10
	10
	10
	10
	10
	10
	9
	9
	9
Pulse.	

Day of fever	
Temp	106
	10
	10
	10
	10
	10
	10
	99
	98
	97
Pulse	

already described, and in addition there was found to be marked hyperæsthesia of the left side of the body, and slight loss of tactile sensation on that side. The decline in temperature in this attack was less abrupt than in the previous one, it having taken forty-eight hours to reach the norme, where it remained for two days, and rose again, but this time only to 102½°, remaining at that point for two days, then falling gradually to the norme, and then suddenly rising to 105°, and on the following day falling as suddenly to 98½°. During the interval between the last attacks, there was very little relief from the general symptoms, the vomiting and headache were more or less constant, and the hyperæsthesia of the left side was very marked, condition of pupils unchanged; abdomen, however, much less retracted.

From this time (25th day) the return of the pyrexial state was much more regular and periodical, so that it was possible to predict the exact day on which the patient was likely to be seized; in view of this fact the rise of temperature on the 48th day was anticipated by 20 grs. quinine, which, however, did not prevent an elevation to 103 4-5°.

On the 57th and three following days quinine was given in 20 grain doses, and during that time there was only a slight elevation of temperature, varying between 99° and 100°, and the patient was quite well and comfortable beyond slight headache and deafness from effects of quinine.

On the evening of the 57th day (the third day after the quinine was omitted) the temperature again rose to 104°, as was also the case on the 64th and 71st days, (the temperature of the 64th day being the highest recorded in her whole illness.)

From this time the intervals between the attacks became gradually longer, and the attacks themselves less severe, ultimately disappearing entirely, and the patient was discharged from the hospital apparently perfectly recovered.

It should be said that this patient had no history of any hysterical affection, nor was there any indication of such tendency during her stay in the Hospital. At first a suspicion of Tubercular Meningitis was entertained, but soon abandoned. Although the symptoms pointed clearly to a cerebral origin, no positive diagnosis was arrived at.

Correspondence.

ONTARIO MEDICAL ASSOCIATION.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—That the majority of the members of the medical profession in Canada take no interest other than pecuniary in their calling, would appear evident from the half-hearted way in which the societies and associations are kept up. It seems impossible to get more than about 100 men together for any common object, and for the discussion of questions relating to the welfare of their profession or the advancement of science. Many of the men who should set a good example in this respect persistently ignore both local and general societies. Where are many of the teachers at our medical schools on the occasion of these meetings? Too often conspicuous by their absence. Not a school in the country is free from these professional drones, who ought to be thoroughly ashamed of themselves. The ears of many of them must tingle, if there is any truth in the old adage. When men in their position systematically neglect such plain duties, how can fault be found with the overworked country practitioners, who have to make much greater sacrifices in order to attend the meetings.

There can be no doubt that our brethren across the border are much more enthusiastic than we are in the matter; perhaps because they have a more systematic arrangement. In most States there are County and State societies, the former sending delegates to the latter, and the State societies sending representatives to the American Medical Association. Many of the County and State Societies even hold biennial meetings. Whether any such arrangement can be adopted in Canada the future will decide, but a step in this direction has been taken by the formation of an Ontario Medical Association, which held its inaugural meeting in Toronto on the 1st and 2nd of this month. A Provincial society has been in existence in Nova Scotia for some years, and the other Provinces will perhaps follow these examples. A fear has been expressed that the estab-

lishment of such associations may be prejudicial to the interests of the Dominion Association, but it is not, I believe, well grounded. The geographical position of this country renders it impossible to make the meetings of the Dominion Society national gatherings of medical men from all parts, but each one is largely representative of the Province where it is held. Thus at the meeting in Ottawa last year only one member from the Maritime Provinces was present; and when the meeting is at Halifax or St. John, very few from the Western Provinces can possibly attend.

The following is a brief summary of the proceedings:

The morning of the first day was occupied with general business and the election of officers. Dr. Workman was chosen as President, Dr. J. E. White as Secretary, and numerous committees were formed.

In the afternoon and evening sessions, many interesting papers were read and discussed.

Dr. Loran L. Palmer of Toronto read the report of a case of primary Laryngeal Phthisis, the throat symptoms having existed for some time before any changes could be detected in the lungs.

Dr. Groves of Fergus reported two cases of supra-pubic Lithotomy, and gave a detailed description of his method of operating. Both were successful. He referred to certain advantages of this plan in some cases.

Dr. King of Toronto gave a very interesting record of a case of Pernicious Anæmia in a woman, coming on after delivery. This is the first Canadian case in the special category of *parturition-anæmia*, to which so many of the German cases belong. I saw, in consultation with Dr. Walker of Dundas, another well-marked case of this kind.

Dr. Oldright showed a very remarkable specimen of Dislocation of the Hip-joint, of 55 years' standing. The upper part of the bone was rounded and attached by ligamentous tissue to the ilium above the acetabulum, which was atrophied. A prominent nodular mass of bone was attached to the ilium near the crest, and some discussion took place as to the nature of this—whether an osteophyte or the remains of the head of the bone.

Dr. Roseburgh of Hamilton read a paper on "Forward Dis-

placement and descent of the uterus and description of a new anteflexion pessary." A case illustrating the use of the elastic bandage and compression in thoracic aneurism was read by Dr. Cockburn of Oshawa.

A short but very forcible paper by Dr. Curry of Rockwood, on the "Science of medicine and common sense," was well received. Many of his points were very well made. Homœopaths in his section of the country must have a hard time of it.

Dr. Graham of Toronto drew the attention of the Association to the use of sapo viridis in skin diseases. Mr. Shuttleworth, pharmaceutical chemist of Toronto, makes a very good preparation, and as it requires to be carefully prepared, we would recommend his manufacture. It is a remedy which should come into more general use, and Dr. Graham has done well to remind the profession of its advantages.

An unusual case of intestinal disease, persistent hæmorrhages without recognizable cause, was detailed by Dr. Woolverton of Hamilton.

On the morning of the second day the members visited the General Hospital and the two Schools of Medicine, and expressed themselves highly pleased. Nothing could exceed the clean, tidy, comfortable appearance of the hospital, and its condition reflects the highest credit on the superintendent, Dr. O'Reilly. The number of patients does not appear to be so great as usual, only about 145, and I noticed an unusually large proportion out of bed. This accords with the opinion I heard universally expressed as to the remarkable healthiness of the season.

Both of the schools have made additions to their buildings, and have improved the lecture-rooms. Dr. Sheard, the newly appointed professor of physiology in Trinity School, had a number of beautiful preparations under the microscope.

In the morning session of Thursday, Dr. Canniff read a paper on an "Obscure affection of the Brain," which I did not hear. Dr. Harrison of Selkirk exhibited a young man with enlargement and elongation of one leg, which came on when about 3 years of age. There was no thickening of the skin or brawny state, as in ordinary elephantiasis; the enlargement and elongation of the bones were the most remarkable features of the case, which

excited a good deal of discussion, opinion being divided as to its nature, whether elephantiasis or not. A paper on "Mastoid Disease," by Dr. Ryerson, was then read. Dr. John Campbell of Seaforth brought forward the important question of school hygiene, and in an able and eloquent address urged that systematic instruction should be given in matters relating to public and personal health. The matter was referred, after a long discussion, to the committee on public health.

The other papers of the day were: On Separation of the upper end of the Tibia, by Dr. Powell of Edgar; on Empyema, by Dr. Yeomans of Mt. Forrest; on Sewer Gas, by Dr. Oldright; and on Asthma, by Dr. McKelcan of Hamilton.

The following officers were then elected for the ensuing year: President—Dr. Covernton. Vice Presidents—1st, Dr. Mullin, Hamilton; 2nd, Dr. Yeomans, Mt. Forrest; 3rd, Dr. Hamilton, Port Hope; 4th, Dr. Irwin, Kingston. Secretary, Dr. White. Treasurer, Dr. Graham. WILLIAM OSLER.

Reviews and Notices of Books.

A Treatise on the Principles and Practice of Medicine: designed for the use of practitioners and students of medicine. —By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, &c., &c. Fifth edition, revised and largely re-written. Philadelphia, Henry C. Lea's Son & Co., Montreal, Dawson Bros.

Eight years have elapsed since the last edition of "Flint's Practice." It was, therefore, imperative that a revision and extension of it should be undertaken, in order that it might continue to hold the same prominent place as hitherto amongst the standard text books. The entire work has evidently undergone careful examination, and numerous corrections and additions have been made. It would be unnecessary to particularize many of these, suffice it to say that they certainly serve to carry out the author's aim, viz., "to bring it up, in all respects, to the level

of the present state of advancement in both the principles and the practice of Medicine." Amongst the changes are, the introduction of a new section, devoted to the diseases of the hæmatoprietic system, the classification of the diseases of the nervous system on an anatomical, in place of a symptomatic basis, a fuller consideration of various diseases and the addition of several which were not considered in the previous editions. In its present renovated form it constitutes one of the best and most reliable and most complete, whilst not too bulky, hand-books for general practitioners and also one of the text-books which is highly to be commended for the use of students. It is to be had handsomely bound in Russia and is an elegant addition to the library.

A practical treatise on the diseases of women.—By T. GAILLARD THOMAS, M.D., Professor of Diseases of Women, in the College of Physicians and Surgeons, New York; President of the American Gynecological Society for 1879; Surgeon to New York State Woman's Hospital, &c., &c. Fifth Edition, enlarged and thoroughly revised, containing two hundred and sixty-six engravings on wood. Philadelphia, Henry C. Lea's, Son & Co.; Montreal, Dawson Bros.

It is twelve years since the first edition of Dr. Thomas' classical work on Gynecology. Since that time it has passed through five consecutive editions, and we have now the pleasure of drawing our readers' attention to the fifth. It has been not only the increasing demand, but also the great advances in the science, which have thus necessitated such frequent alterations and extensions of the text. The excellence of this text-book is so universally admitted, and the reputation of the author, in his specialty, stands so high, that criticism or praise, on our part, would be entirely superfluous.

In the preparation of the present edition much care and time has been expended, so that it will now be found abreast of the most advanced views of the present day. Such an immense mass of literature on the subject of Gynecology is being daily produced that necessarily the bulk of the volume has been very

materially increased, so that now it is nearly double the size of the original volume. An entirely new index has been added which will be found very complete, and will therefore prove of the greatest service for purposes of reference. As to the general appearance of this book we need only say that it belongs to the handsome library series, in half-russia binding, which are so eminently creditable to the enterprising publishing firm of Philadelphia. The typographical execution and woodcuts are in every respect of the highest class.

A guide to the clinical examination of patients and the diagnosis of disease.—By RICHARD HAGEN, M.D., Privatdocent to the University of Leipsic. Translated from the second revised and enlarged edition, by G. E. GRAMM, M.D. Boericke & Tafel, New York and Philadelphia.

The above is a concise little compendium for the use of students of clinical medicine. It has attained considerable popularity in Germany, requiring a second edition within one year from its first appearance. The careful study of a guide of this kind by any one about to enter upon the actual work of the Hospital wards, would be of the greatest advantage, and would relieve the clinical teacher from most of his preliminary work. The arrangement is extremely good, and well calculated to induce habits of regular and systematic examination of patients, with a view to careful diagnosis, habits which, it is needless to say, it is of vital importance to every one aspiring to be a physician to acquire at the very outset of his clinical career. A short introduction serves to define the most important of the technical terms which will, later on, be frequently employed, such as subjective and objective symptoms, pathognomonic symptoms, differential diagnosis, &c. Then three main sections are made; the first treats of general considerations, the examination of patients, methods of determining the status præsens, *i.e.*, all the modes of practising physical explorations, including the examination of the urine. The second is of general clinical examination of patients. Under this heading are given the principal important facts to be observed, relative to all the chief structures

of the body. The third is of special clinical examination. Here there is a general review of all the leading diseases of every group; their chief diagnostic features are laid down, and the best means for arriving at a correct opinion in each case pointed out. For the sake of conciseness the less important and rare diseases have been omitted; others, which cannot be recognized without great difficulty, or the diagnosis of which is very uncertain, are only mentioned. We cordially recommend this clinical *guide* to the notice of all senior students and clinical clerks.

The Antagonism between Medicines and between remedies and diseases, being the Cartwright lectures for the year 1880. —By ROBERTS BARTHOLOW, M.D., L.L.D., Professor of Materia Medica and general Therapeutics in the Jefferson Medical College of Philadelphia and Fellow of the College of Physicians of Philadelphia, &c. New York, D. Appleton & Co. Montreal, Dawson Bros.

We have no doubt that many of our readers are familiar with, at any rate the substance of these lectures by means of the abstracts which appeared at the time of their delivery in the New York *Medical Record*, and the full text in the New York *Medical Journal*. Extracts moreover, of greater or less extent, have since appeared in nearly all the Medical Journals of this country. The criticisms made upon these lectures have invariably been most favorable, the topic itself is one of the most interesting in the entire range of medicine, and it is treated of by the accomplished author in a most scholarly manner. Dr. Bartholow worthily ranks as one of the best writers, whilst at the same time one of the most diligent workers, in the medical field in all America, and there can be no doubt that this, his latest contribution to medical science, will add materially to his previously high reputation. Much profit, no little pleasure and material assistance in the solution of many therapeutical problems is to be obtained from a perusal of these lectures. The author has done wisely and conferred a boon by permitting their publication in the present book form, and we are satisfied it will be extensively asked for and just as extensively read and appreciated.

We would earnestly counsel every so-called homœopath in this country to digest the facts it contains, and then say honestly what he thinks of similia.

An elementary treatise on Practical Chemistry, and qualitative inorganic analysis, especially adapted for use in the laboratories of colleges and schools, and by beginners.—By FRANK CLOWES, D. Sc., Lond., Fellow of the Chemical Society of London and Berlin; Fellow of the Institute of Chemistry, &c. With illustrations. From the third English edition. Philadelphia, H.C. Lea's Son & Co.; Montreal, Dawson Bros.

This book, intended for the use of commencing students in chemistry, has been put together with a good deal of care, and is evidently the result of the experience of one who has had much to do with the actual teaching of the science to others. The author has thus been able to avoid many of the errors common to several of the small text-books on the same subject, which are in general use. One of these is their too great conciseness in many cases, which thus involves a considerable amount of verbal explanation, on the part of the teacher. The directions how to work, and the descriptions of the preparation and use of apparatus are given rather more fully then usual, which viewed in this way, is a decided improvement. The value of a sound elementary instruction in practical science is becoming more widely appreciated, both as a means of mental training, and as a preparation for the chemical and medical professions, as well as for many branches of manufacturing industry and enterprise. The present work therefore supplies, in a very efficient manner, the demand for a suitable hand-book for the chemical laboratory.

Lectures upon Diseases of the Rectum and the Surgery of the Lower Bowel: Delivered at the Bellevue Hospital Medical College. By W. H. VAN BUREN, M.D., LL.D. (Yalen), Professor of the Principles and Practice of Surgery in the Bellevue Hospital Medical College; one of the Consulting Surgeons of the New York Hospital, etc., etc. New York: D. Appleton & Co. Montreal: Dawson Bros.

The treatise of Prof. Van Buren upon rectal disorders is no

doubt the standard American work on the subject; and at the same time it is certainly one of the very best and most scientific in the English language. There are so many peculiarities connected with the diseases of the lower bowel and the parts immediately connected therewith, that it is impossible to acquire a proper knowledge of them from the comparatively short description devoted to them in the systematic treatises on general surgery. And still, the affections of this region are amongst the most common in ordinary practice. A special treatise on rectal pathology and rectal surgery comes, therefore, to be an essential part of every physician's library. The first edition of this work was received with evidences of marked favor on the part of the profession, and has been extensively consulted by them. The present edition has been largely re-written, the newer parts containing principally cases and opinions of others, which have been deemed by the author useful for illustrating various points in the advancing knowledge of the day. Thus the employment of all the modern methods of treatment are described and the cases found most suitable for them pointed out. The style of Dr. Van Buren is very pleasing—clear, concise and accurate —whilst the whole work shows at once the scientific mind and wide learning of its accomplished author.

How we fed the baby, to make her healthy and happy; with health hints. By C. E. PAGE, M.D., 144 pages. New York: Fowler & Wells, 753 Broadway.

This treatise shows a new departure in the alimentation of infants, and gives evidence of conscientious and intelligent study on the part of an author of broad experience, familiar with all the details of the nursery. The central feature of the work represents the infancy of the author's own daughter, whose first months were happily made free from the common inconveniences, not to say horrors, popularly supposed to be unavoidably connected with this period of life. Our author makes plain how infantile diseases may, in great measure, be avoided, and infant life made as free and joyous as that of the most fortunate among the lower animals. We know this manual will be welcomed by

many mothers in all parts of the land, as one of the most important questions with parents is *how* to feed the baby, to promote its health, its growth, and its happiness. The hope of the children must be found in an enlightened motherhood, and every effort in this direction should be welcomed. *Physicians* will know how to prize the work of a specialist in this particular branch of medicine.

Books and Pamphlets Received.

An Introduction to Pathology and Morbid Anatomy.—By T. Henry Green, M.D. Lond., F.R.C.P. Lond. Fourth American from the fifth English edition. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Medical Electricity: A Practical Treatise on the Applications of Electricity to Medicine and Surgery.—By Roberts Bartholow, A.M., M.D., LL.D. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Traité de l'Acide phénique, appliqué à la Médecine.—Par le Docteur Déclat. Quatrième édition Paris: chez Lemerre, Libraire-éditeur.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting was held May 13th, 1881. The President, Dr. Hingston, in the chair.

Dr. Osler exhibited the following specimens:

1. A very large vesicular mole, or hydatidiform degeneration of the chorion. It was made up chiefly of clear cyst-like bodies, which varied in size from a pin's head to a large walnut. It was obtained from a patient of Dr. Brown's, who believed herself to be about 4 months pregnant. Hæmorrhage had occurred at intervals, and it was suspected that all was not right. The mass passed easily; a considerable quantity of clots came away, but very little decidual tissue.

2. A second specimen, showing how early in development the cystic degeneration of the villi began. This was from a patient of Dr. Ross's, and represents an ovum at about 6th or 7th week. The chorion was uniformly beset with villi, many of which had become cystic.

3. Kidneys from a case of Uræmic Coma. The patient, a

strong, powerfully built man, was admitted under Dr. Osler's care on May 7th, with the following history: For 15 years has been temperate; before that had taken a good deal of liquor. Has been troubled occasionally with headache and nervousness, and his wife states that he has lately made water somewhat more frequently than usual. On Wednesday evening, the 4th, he had a chill; went to work on Thursday, but returned in the afternoon complaining of soreness over the body, chilly sensations and severe headache. In the evening he became delirious and could not be kept in bed, but walked up and down the room, talking incessantly. When brought to hospital, on the evening of the 6th, the active delirium persisted, and he required constant watching through the night. The urine was examined and found loaded with albumen and finely granular casts. May 7th, at time of visit, patient was quieter. Does not answer questions intelligently; puts out the tongue when told to do so. Pupils slightly contracted; temperature 100°, pulse 120. No œdema of ankles. Amount of urine could not be estimated, as he passed some of it in bed. It was moderately high-colored, 1039, very albuminous, and contained a very large number of finely granular casts, chiefly of small size. On examination of organs, nothing abnormal detected; no hypertrophy of the heart, radials not stiff, arterial tension moderate. He was given pilocarpine hypodermically, and has had chloral and bromide of potassium for the delirium. Evening, temperature 98.2°, pulse 104. May 8th: Was quieter through the night. Temperature 99.5°, pulse 120; pupils contracted. Is drowsy; has sweated a good deal with the pilocarpine. Throughout the day the drowsiness deepened to coma, and when seen at 8.30 p.m. he was breathing very rapidly, 80 to the minute, pulse 148, temperature 101°. He was bled to 20 oz. without any benefit. Passed little or no urine through the day. Dr. Buller examined the eyes and found œdema of the optic disks. Patient died at 2 a.m. of the 9th. At the autopsy, the membranes of the *brain* were found œdematous and the substance was moister than normal. *Heart* weighed above the average, and the walls of the left ventricle were a little thickened; aorta

not atheromatous. *Kidneys* not contracted, surfaces smooth, substance a little firmer than normal, but the ratio between the cortex and medulla was maintained. Organs were not congested, and had none of the appearances of kidneys in acute Bright's Disease. On superficial inspection they would pass as healthy. Dr. Osler remarked that he had no doubt that the symptoms which the patient presented were uræmic, and owing to disturbed function of the kidneys. The points to which he wished to call special attention were these: 1st, the suddenness of the onset in an apparently healthy man. 2nd, the delirium, which came on early and formed such a prominent symptom. This is one of the rarer uræmic manifestations. 3rd, The occurrence of such grave cerebral disturbances at such an early period of the renal trouble.

4. A specimen of Ulcerative Endocarditis, from a patient admitted to the General Hospital three weeks ago. On examination a loud double murmur was heard at the base. His statement was that up to February last he was not sensible of any trouble about his heart. Then his joints were painful, though he continued his work, followed by giddiness and sometimes loss of consciousness. While in hospital for a time he improved under rest and digitalis. Three days ago respiration became frequent, 48, and his pulse 40; death ensued. During life there was no evidence of any heart hypertrophy.

5. Heart from a Hospital case showing advanced disease. At the *post mortem* great mitral stenosis was seen, also aortic disease and fibroid degeneration of the apex.

Dr. Shepherd exhibited the following specimens:

1. A case of malformation of the feet, from the museum of the McGill Medical Faculty; no history. In each foot there were only two toes, and also considerable talipes equino-valgus. On dissection, the metatarsal bone and phalanges of great toe were normal; the second entirely absent; the third metatarsal bone was fixed to the fourth and there were no phalanges; the fourth toe had only two phalanges, and the fifth toe was normal. The rudimentary 3rd, 4th and normal 5th toe were covered by skin so as to appear as a single toe.

2. Old fracture of the acromial end of clavicle, from the dissecting room; no history.

3. A wrist joint, from a female subject in the dissecting room, in which there was eburnation of the lower end of the ulna, and also of part of the scaphoid and semilunar bones. The triangular fibro-cartilage had almost disappeared, having apparently been worn away by friction. This was considered to be a case of ruptured sacciform ligament, as all the other joints of the body were perfectly normal.

4. An example, also from the dissecting-room, of bony anchylosis of all the bones of the carpus, considerable enlargement of the lower end of ulna, and great deposit of new bone where it articulated with the lower end of the radius; eburnation of the lower end of ulna, and also of scaphoid and semi-lunar bones. All other joints in body normal. Thought to be probably due to old injury.

Dr. Molson read a paper on "Chorea, with recent Endocarditis." (*See Original Communications, page* 650.)

Dr. F. W. Campbell said he had now under observation a girl aged 9, who had suffered with constant movement of the muscles of the face. All medicinal remedies having failed, he applied galvanism to the spine and in 48 hours improvement was seen and in a month all convulsive movements had ceased.

Dr. Geo. Ross said a matter of interest in Dr. Molson's case was that there was never any physical evidence in life of organic disease of the heart, and yet mitral disease was seen at the *post mortem*. This acute endocarditis is often seen in chorea. He had had one *post-mortem* in chorea; the case was one with a rheumatic history and an enlarged heart following valvular disease. There was also acute inflammation of the mitral cusps, with a finely-granulated condition of their surfaces.

Dr. Trenholme presented to the Society a photograph of the uterus and ovaries removed by him seven years ago. He had recently heard from this patient. She enjoys good health.

Dr. Hingston said he had at present in the Hotel Dieu Hospital a patient with an aggravated form of talipes equino-varus. He divided the plantar fascia and the usual tendons, but not

having a satisfactory result, he introduced a knife to the bone and cut clear round. The leg was put in a tin splint, and extension kept up for three weeks, the result being perfectly satisfactory.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Latham's Neurosal Theory of Acute Rheumatism.—Professor Latham (Cambridge Medical Society, November 5th, 1880) maintains that action of the "inhibitory chemical centre," or nervous centre, which controls oxidation in the muscular tissue, is lowered. The oxygen from the oxyhæmoglobin, instead of entering the muscular tissue to be exhaled therefrom in the form of carbonic acid gas, has its sojourn in the tissue shortened, and passes into the blood in the form of lactic acid (a substance which appears in muscle almost instantaneously with its death); the oxygen acts also more energetically on the muscular tissue, and the resulting lactic acid being oxidized rapidly in the blood, instead of in the muscular tissue, an abnormal amount of heat or pyrexia is developed.

Quinia lowers temperature by simply impeding the carrying of ozone from the lungs to the tissues by the red blood-corpuscles, as in Binz's experiments with ozonized turpentine and guaiacum: and so the remedy *might* act beneficially in rheumatism, but would have no effect on the *materies morbi*. Salicylic acid, on the other hand, lowered the temperature and cured the disease by chemically combining with the substances from which the lactic acid is derived, and producing less heat than would result from the oxidation of that substance. The theory advanced explains the relapses which so often recur after apparent cure with salicylic acid, the necessity for large doses of the remedy, and the reason why it should be less curative in other pyrexial disorders, such as pneumonia, typhoid fever, etc. Referring to locomotor ataxy as an example, he suggested that possibly the local symptoms might be the result of the

lactic acid acting upon the posterior columns of the spinal cord, producing functional change; and in reply to a question, in the discussion afterwards, as to the connection between rheumatism and chorea, considered that this disorder was the result of the lactic acid inducing functional change in the nervous centre which co-ordinates muscular movement, that centre being weak, and therefore a point of minimum energy, and this condition being hereditary or acquired. He also applied his theory to explain why the same cause (cold) which in one person appears to produce acute rheumatism, in others produces pneumonia, tonsillitis, etc.

Dr. Latham has extended his theory also to diabetes. If it be true, it ought, he says, to explain the phenomena of that disease with a normal or sub-normal temperature, and he maintains that the lowered nerve action is sufficient to do this. Salicylic acid may cause the sugar to disappear from the urine and lessen the the amount of that secretion without altering the condition of the nervous system upon which the symptoms depend.— *Alienist and Neurologist.*

The Nature of the Action of Belladonna ON THE SYSTEM.—The *modus operandi* of belladonna in its action upon the human system, as stated by Prof. T. Wharton Jones, Professor of Ophthalmic Medicine and Surgery in University College, London, in a communication upon this subject to the *American Journal of the Medical Sciences* for April, 1881, is essentially different from the views generally held, which in the author's opinion are for the most part fundamentally erroneous. Taking the familiar experiment of dropping atropia upon the web of a frog's foot and demonstrating the fact that the venous stasis resulting is due to constriction of the small arteries from contraction of their muscular coat, as is evidenced by the increase in thickness of their walls, which retards the flow of blood and directly causes congestion, he concludes that the phenomena of belladonna-poisoning stand in this order: 1st. Constriction of the small arteries by stimulation of their muscular coat; 2nd. The establishment of venous congestion in the

brain and spinal cord ; 3rd. The cerebral and muscular disturbance arising from the venous congestion in the brain and spinal cord. In considering the mydriatic effect of atropia upon the pupil the elasticity of the iris is a factor which has been generally overlooked, thus with the two sets of muscles, the circular and antagonistic radiating fibres, there is a certain amount of physical elasticity, which requires to be taken into consideration, without a proper estimate of which no correct analysis of the motions of the pupil can be made. Dr. Jones claims that belladonna operates by directly exciting to action the radiating muscular fibres composing the *dilator pupillæ*, and not by paralyzing the sphincter and giving scope to unrestrained action of the dilator. This latter view, which physiologists continue to teach, is controverted by the fact that in paralysis of the motor oculi, the pupil is not widely dilated, but is restrained by the elasticity of the iris ; it may, however, still be dilated by atropia. When the dilator and sphincter are both inactive, as they are after death, the natural resiliency of the iris keeps the pupil at a medium degree of width. Calabar bean, although it exercises apparently a contrary effect upon the pupil, is not a real antagonist to atropia, for it acts upon the sphincter pupillæ ; in an analagous way it relieves congestion by stimulating the muscular coat of the venous radicles, but has no effect upon the arterioles.

Catarrhal Diphtheria.—Marx, who has, under the superintendence of Professor Ortel, studied a series of these cases, defines catarrhal diphtheria (*Archiv fur Klin. Med.* Band xxvii., Heft 1, 2) as that form in which there is only superficial and limited diphtheritic membrane combined with simple catarrh of the mucous membrane, slight constitutional symptoms, inconsiderable glandular swelling, and limitation of the disease to the throat. That it is a true diphtheria, he considers, is shown (1) by its clinical character; (2) by its not unfrequently passing into the severer forms ; (3) by its infective power ; and, lastly (4), by its microscopic pathology. The disease begins with slight fever, malaise, and pain in swallowing.

The mucous membrane of the throat at some part, generally the tonsil, is swollen, red, and has on it one or more grayish spots like hoar-frost. These spots are superficial, limited, and disappear in two or three days, rarely lasting six days; unless, as sometimes occurs, the disease passes into the severe form with thick and spreading membrane. Microscopically these spots are found to consist of colonies of micrococci, which pass through the comparatively unaltered superficial epithelial layers into the deeper layers where the cells are swollen up and contain large nuclei. After twenty-four hours, pus forms in the deeper layers, and the superficial layers are thrown off. Catarrhal diphtheria differs from the severe form in the absence of a fibrinous exudation between the epithelium, and from simple catarrh of the mucous membrane by the presence of micrococci in place of the numerous organisms in catarrhal muco-purulent secretion, such as leptothrix buccalis, oïdium albicans, etc. In the treatment of this affection, the author recommends (1) immediate isolation of the case, notwithstanding apparent mildness; (2) frequent inhalations of steam; and (3) disinfection of the mouth with gargles, etc. Astringents ought to be avoided, as checking the separation of the membrane, which is furthered by a rapid formation of pus under the influence of warm inhalations.—*London Medical Record*, March 15, 1881.

Circumcision.—Dr. J. Edwin Michael, in *Maryland Medical Journal*, says: "My method, which I learned in Vienna about eight years ago, and have since modified in some trivial particulars, has the advantages of being neat and cleanly, and avoiding the mistakes which result from traction. It is as follows: Having covered the anterior portion of the penis with a towel, I grasp it with my hand, and being careful to allow no slipping between prepuce and glans, gradually increase the pressure until it has acquired considerable force. Then a tight band, elastic or not, is placed round the organ as close as possible to my hand. When my hand is removed I have the natural relation of the parts undisturbed and the penis free from blood. The first step of the operation is to pass a director

round between glans and prepuce to find adhesions and remove them if any exist. The prepuce is then split up to the *corona* with a bistoury on a director, and afterwards the two lateral halves trimmed off according to taste with scissors. The relation of the parts being preserved, and no traction being necessary, we can in this way see exactly what we are doing. The absence of blood also adds greatly to the neatness of the operation. After all the cutting has been done it is usually easy to find the orifice of any artery big enough to bleed, and it can be twisted or ligated. The edges of mucous membrane and skin are thus neatly stitched together with fine silk or wire, and sometimes the line of incision carefully painted with collodion. If any ulcers are present they are well treated with fuming nitric acid. A layer of wet lint or cotton is then placed round the part and the whole included with a bandage firmly applied. The last step is to remove the constricting band. In twenty-four hours this pressure bandage is removed and the wound treated on general principles. This plan has been followed by such universally satisfactory results that I have felt justified in bringing it forward, not, of course, as anything original, but as offering what I consider useful modifications of the usual operation of circumcision."

Incision in Purulent Pericarditis.—An extraordinary and interesting case is recorded in the *Berliner Klin. Wochenschrift*, No. 5, 1881. A boy, ten years of age, suffered from empyema and purulent pericarditis. The pleura was accordingly tapped, and thirty-eight ounces of serous effusion was withdrawn. The pericardium was tapped, and about four ounces of pus taken out. The patient's condition did not much improve; there was very considerable and increasing dyspnœa, with lividity, and some œdema of the feet and legs; sleep was very much broken, and the general condition very low. Under the circumstances, it was determined to incise the pericardium, as the physical signs pointed pretty conclusively to a further accumulation of fluid within it. The operation was carried out under the strictest antiseptic precautions. An

incision, about three centimetres long, was made between the fourth and fifth ribs, close to the left margin of the sternum, and each layer separately divided until the pericardium was reached. An opening was then made into it, through which a considerable quantity of pus escaped; two drainage-tubes were put in, and the wound dressed after Lister's method. The patient was, very shortly after the operation, able to lie on his back, and felt much relieved by it. It was not, however, until at least two hours later that the pulse became appreciable. On the day following the temperature stood at 101° Fahr., but it then came down to normal and remained so. At the end of eight weeks the pericardial wound, which had been gradually closing, was cicatrized. There were no further pericardial troubles. But the signs of the pleuritic effusion pointed to a fresh collection in this cavity, while there was still fever after removing thirty-five ounces of fluid; as the general condition therefore was not relieved, a free incision was made into the chest, and another fifty ounces were removed. Improvement now set in, and at the end of six weeks the wound had closed, and the patient sent out of the hospital cured.

The author draws the following conclusions from his case: 1. The case teaches that purulent pericarditis, just as empyema, may at times run its course without giving rise to fever or œdema of the tissue, so that the nature of the exudation can only be decided after an exploratory puncture. 2 We must not abstain from removing the exudation on account of any supposed myocarditic changes. 3. In cases of considerable pericardial effusions, change of position may not influence the line of dullness; but this fact must not always be interpreted in favor of dilatation of the heart.—*Medical and Surgical Reporter.*

Treatment of Diphtheria.—Dr. Jacobi, in answer to an inquiry concerning the benefit of pilocarpine, said that his opinion of it was unfavorable. It was proposed as a specific by a Dr. Guttmann, who recommended it first about eight months ago, but he must not be mistaken for the well-known

author, Paul Guttmann, of Berlin. In his opinion the recommendations of the drug were too positive and the author too self-asserting. Besides, when he says that he used it in twenty very severe cases, he does not specify what those symptoms were. It is recommended as the best remedy for diphtheria for the present, and probably also for the future, and as a specific. Such assertions, of themselves, are suspicious, and are not likely to be reliable. Mild cases will get well under any treatment, or with no treatment. Seven cases Dr. Jacobi had treated with pilocarpine, and in at least one instance it had hastened the fatal termination, for pilocarpine, either directly or indirectly, debilitates the power of the heart. Dr. Jacobi had tried it, though feeling that the assertions of Guttmann were too sweeping. That a croupous exudation deposited upon a mucous membrane should be liable to be removed by increased secretion beneath it, appeared natural; but that diphtheritic membrane imbedded in the mucous membrane and submucous tissue, with necrotic disintegration of the parts, could be thus swept away, was from the very beginning improbable.—*N. Y. Medical Record.*

Methods of Surgical Dressing.—Mr. Wm. Berry, F.R.C.S., observes in the *Medical Press & Circular* of March 23rd: While Listerism in surgical practice is *sub judice*, perhaps more especially in private practice, owing to the want of time, help and appliances, on the part of the general practitioner, it is well, perhaps, that some safe, simple and effective mode of dressing can be employed. The examples from hospital practice, afforded by Mr. Sampson Gamgee of Birmingham, are certainly satisfactory, and will, I think, commend his mode of treatment to the busy practitioner. His *dictum* of rest, drainage and pressure, if duly carried out, will save much time and trouble, and show results comparable with the antiseptic method. I have endeavored, through the small means at my disposal in private practice, to carry out this plan, using absorbent wool as dry dressing, proper means of drainage, and firm and even bandaging; so far, I am admirably satisfied with the results. The absorbent wool, which can be obtained either in bulk or in

pads, is an excellent material for carrying out this mode of treatment. When applied to a wound it forms a nice, soft covering, takes up any discharges which may escape, and allows the parts to be undisturbed till the dressings are saturated and uncomfortable. If the discharges be fœtid and unhealthy, the wool can be made antiseptic by means of terebine, salicylic, carbolic or boracic acid. Dressings of this material are easily carried and applied, they need not be disturbed for some days, unless the thermometer indicates some disturbance of the system or the dressings become saturated, then the covering should be removed, the wound cleansed, and a renewal of fresh dressings made. In large wounds and in chronic abscesses it is always better to insert a drainage tube, so as to allow of the free escape of fluids which may collect, then a sufficient covering or pad of absorbent wool, firmly and evenly bandaged on with an ordinary roller, will constitute a light and compact dressing, which may remain undisturbed until one of the conditions mentioned above necessitates a change. I would here mention the importance that should be attached to the indications of the thermometer in all surgical cases; for long before either pulse, tongue, facial expression, or pain in the part show any disturbance, the thermometric rise will indicate something wrong; then the dressings should at once be removed and the wound examined.

Albumen Water.—In the discussion on Dr. William Pepper's paper on Typhoid Fever, in the Philadelphia Medical Society, (Med. Times,) Dr. J. W. Keating stated that "Albumen Water" was a good substitute for milk and beef tea, in cases where these substances disagreed with the patient, or could not be obtained. The preparation is not mentioned by the Medical Journals of this country. It is largely used by the French. It is made by dissolving the white of one or more eggs in a pint or two of water, sweetening with glycerine, and flavoring with orange flower water. This must be taken cold and used "*ad libitum*" It is an excellent food in Typhoid Fever and Typhoid Dysentery. It may be given for a change even when beef tea and milk do not agree.—*Pittsburgh Medical Journal.*

Enteric Fever.—Dr. Bristowe considers the treatment of enteric fever under four heads: 1. Diet; 2. Medicine; 3. Alcohol; 4. Baths; and in concluding his paper says: "Let me state briefly the treatment to which I should like to be subjected if ever, unfortunately, I should become affected with enteric fever. I should like to be placed in a cool, well-ventilated room, and covered lightly with bedclothes; to have a skillful and attentive nurse to look after me; to be fed solely with cold milk, unless vomiting should demand the addition to the milk of medicine calculated to allay the vomiting. If diarrhœa became troublesome, or ever there was much pain or tenderness in the cœcal rings and in the bowels, I should like to be treated, not with laxatives, but with opium, given either by the mouth or the rectum. If constipation were present, I should, excepting in the first week, like to have enemata only for its relief. In the event of intestinal hæmorrhage coming on, I should like to have ice to suck or ice-cold fluids to drink, cold compresses to the belly, and cold injections into the bowels; and, though I am skeptical of their efficacy, I should still choose to have astringents, and more especially lead, given to me at short intervals. If perforation should take place, let me have large and repeated doses of opium. Stimulants I should prefer to be without early in the disease; later, however, and during convalescence, I should like to have them in moderation. As to the cold baths, I would rather not have them; but I would, nevertheless, leave it to my physician to exercise his discretion in the matter. I would leave it also for him to decide, according to circumstances, whether alcohol should be administered to me in large quantities. I should prefer not to be treated at a temperance hospital."

Muriate of Pilocarpin in Diphtheria.—Dr. Lax, working on the suggestion thrown out by Dr. Guttman, has tried the effects of pilocarpin upon diphtheria during a recent epidemic. The results at which he has arrived have been so striking as to induce him to recommend its farther trial in this disease. During the epidemic, which lasted from September 24 to November 15, sixteen children, varying from 1 to 16 years

of age, were attacked by the disease. The first six were brushed with a 4 per cent nitrate of silver solution, and were ordered a chlorate of potash gargle. Of these six children four recovered, whilst two, which from the commencement exhibited serious symptoms, died. In the last ten cases the pilocarpin was employed; six of these were exceedingly serious, and in two cases death was expected to occur any night; and yet all made a good recovery under the treatment. The remedy, producing an increased secretion of the mucous and salivary secretion, caused large masses of false membranes to be expelled both through the mouth and nose; the breathing at the same time becoming more free, the rattling in the throat ceased, the fever diminished and the appetite returned. The children improved visibly in three to five days after the appearance of a herpes labialis, which was in every case the precursor of a recovery. Three days later every trace of membrane had disappeared from the fauces and gums. According to the age of the patient, the following solution was given: 0·02-0·04 of pilocarpin muriat. in conjunction with peps. 0·6-0·8, to which a trace of hydrochloric acid (gtt. ij.-vij.) had been added, out of distilled water 70 grams. One tea or dessert-spoonful to be taken hourly. This treatment was further supplemented by the administration of one tea or dessert-spoonful of tokay wine every hour, and the application of warm wrappings to the neck. (*Aerztl. Intelligenzbl.—Med. chir. Rundschau*, December, 188.)—*The Practitioner.*

America Leads.—In his address at the American Medical Association, Dr. Chadwick says: "To America I have no hesitation in according pre-eminence in this special field [Obstetrics and Gynecology]. Our countrymen meet the emergencies incident to child-bearing with a quickness of perception and readiness of action rarely seen in other countries. Their ingenuity has led them to devise new operations in gynecology and to carry their art with brilliant results, so that to-day the practice of that branch has reached a stage here far in advance of other nations. Of course our natural aptitudes lead many of us to over-estimate the beneficial results of surgery,

but taken all in all close observation and study in most of the countries of Europe has confirmed me in the opinion that in obstetrics and gynecology America leads the world."—*Medical Gazette.*

Use of a new Silver Salt in the Treatment of Organic Nervous Disease.—Dr. Allan Lane Hamilton states that phosphate of silver possesses advantages over the other silver salts which entitles it to a fair trial. The phosphate of silver is tribasic; and is prepared by precipitating a solution of silver nitrate with a solution of trisodic orthophosphate, washing with distilled water, and drying in the dark; a heavy powder of a dark lemon-yellow color, which darkens slightly on exposure to the air, is thus obtained. Dr. Hamilton has given this remedy for months, in doses varying from $\frac{1}{8}$ to $\frac{1}{2}$ a grain, without any skin discoloration whatever, its administration being unattended by the gastric irritability that so often follows the use of either the nitrate of silver or phosphide of zinc. At the same time its therapeutic effects are much more pronounced. It is best given with some such excipients as ergot and glycerine, for vegetable substances tend to decomposition, and for this reason it cannot be made into pills with confection of roses. The drug is of especial value (1) in cases of more or less acute myelitis, with disturbance of the bladder and rectum; (2) in cases of sclerosis of the nervous substance. —*The Lancet*, Feb. 19, 1881.

Ultimate Effects of Tracheotomy.—In a note read at the Academy of Medicine (*Bulletin*, April 5th) Dr. Mongeot drew attention to the ultimately fatal results of tracheotomy. He had for a considerable time investigated the subject, aud had come to the conclusion that children who had successfully undergone tracheotomy, and had worn a canula for a more or less prolonged period, did not live to attain their majority. He had long made inquiries among a great number of practitioners, and had only succeeded in discovering five or six adults who had undergone this operation in their infancy;

while military surgeons, interrogated for more than twenty years past, all avowed that in examining conscripts they had never met with the scar characteristic of tracheotomy.—*Med. Times and Gazette.*

Treatment of Vomiting in Phthisical Patients.—M. Ferrand, physician to the Hospital Laennec, sums up as follows, in *L'Union Médicale*, the principal indications presented in the vomitings of consumptive patients. The forms of vomiting are: 1. the mechanical vomiting resulting from the excitation of the respiratory nerves, which is sometimes combined with a certain degree of pharyngeal or gastric irritation; 2. gastric vomiting properly so-called; central and bulbar vomiting. These varieties of vomiting differ, not only in their mechanism, but also in their period of appearance, and in the nature of the vomited matters, etc. The mechanical vomiting of phthisical persons, which may be called direct vomiting, occurs at the outset of the disease. It brings up substances which are in a large measure alimentary. The first indication in this case is to calm the cough. This, however, is more easily said than done. Emollients, alkaline, and soothing gargles should be employed. When the irritation of the pharynx is deep-seated, modifying astringents (alum, tannin, confection of roses, etc.) should be resorted to, and even such remedies as tincture of iodine, nitrate of silver, or ammonia. What are most often employed are the narcotics, the fumes of belladonna, datura, and then anæsthetics and antispasmodics. In this contingency, M. Woillez recommends touching the pharynx with a solution containing one-sixth of bromide of potassium. Gastric vomiting is the most common of digestive disorders in phthisis. It occurs in three-fifths of patients, according to Andral, and in four-fifths, according to Louis. It is the vomiting of the middle period of the disease. These matters are not purely alimentary; they are substances more or less changed by the digestion and fluid. They include also mucus and bile. There are four varieties of gastric vomiting. 1. Vomiting from apepsia. For this, bitter and tonic digestives are to be employed, or, in case of need, an emetic; in default of the latter, chloral, and chloroform in preference to ether; and diastase,

because of its peptic qualities, may render real service in these cases. 2. Vomiting from "hypercrinia," observed especially in cachectic patients, is combated by absorbents (magnesia, charcoal) or astringent powders (rhatany, calumba). Powdered opium renders great service in these conditions. 3. The vomiting from convulsive gastralgia demands the administration of narcotics (opium, chloral, ether). The application of ether-spray to the epigastric region and the back has given good results. 4. Vomiting by gastric irritation. Here the diet must be regulated, the meals must be given at fixed times, and milk-diet prescribed. Alkaline remedies and iodide of potassium in small doses should be given. Opiate blisters should be applied, and in case of failure, revulsive agents (tincture of iodine and blisters) should be used without fear. Central or bulbar vomiting may occur at the outset of the tuberculosis, but usually at an advanced stage. It may be symptomatic of an encephalic irritation, or the effect of bulbar anæmia. The vomited matters consist mostly of mucus and bile. The therapeutic agents at the disposal of the physician are first chloral, then chloroform, opium, and morphia. as well as bromide of potassium, in doses of 1 to 2 grammes (15 to 30 grains) at meal times.—*Lond. Med. Record*, April 15, 1881.

Diagnosis of Coxalgia.—The Paris correspondent of an English contemporary states that M. Cazin, of the Marine Hospital of Berck-sur-Mer, has published his researches on the exploration of the hip-joint per rectum. He states that in young subjects the finger can always recognize a quadrilateral space corresponding to the cotyloid cavity, and which it is proposed to call the "post-cotyloid surface." This mode of examination, hitherto reserved for special cases, should, in future, form part of the investigation in every case of coxalgia. In ninety-six cases of hip-joint disease observed by M. Cazin, rectal exploration has furnished information in forty-seven instances. The signs which can thus be noted are: pain on pressure of the post-cotyloid surface, hypertrophy of the intra-pelvic ganglia, general increase in size of the osseous surface, depression, erosion, flexibility, mobility, destruction and perforation of the post-cotyloid

surface; doughiness of the soft parts, abscesses of different kinds, etc. M. Cazin believes that this method of examination will render the diagnosis of coxalgia in early cases a matter of much greater certainty.—*Med. & Surg. Reporter.*

Bloodless Amputation of the Breast.—Stoakovenkof (Med. Obozr Physician and Surgeon,) has practiced bloodless ablation of the breast by means of an apparatus of his own, a compressor consisting of two nearly parallel slightly curved metal rods of the thickness of a pencil, one of which is moveable upon its fellow by means of a screw. One rod is placed above the other below the breast and approximated, the compression thus produced being sufficient to prevent the flow of blood. He has used this in twenty-two successful operations.—*Chicago Medical Review.*

Muriate of Apomorphia as an Expectorant for Children.—Korrmann (*Pharm. Cent.*, No. 53, 1880) has employed this drug extensively in bronchial catarrhs and the capillary bronchitis of children, and now strongly recommends its use in all diseases of the kind. The dry cough of some such affections rapidly yields, and moist râles soon appear. In catarrhal pneumonia he has had equally good results with apomorphia. The salt is given in combination with a few drops of hydrochloric acid and ordinary syrup, in hourly doses. Children one year old get one-sixtieth of a grain, those three years of age one-thirtieth. At ten years he gives one-tenth, and at fifteen one-sixth of a grain.—*Allg. med.-cent.* Jan. 19, 1881.—*N. Y. Med. Review.*

Vomiting of Pregnancy.—Dr. John S. Warren of New York speaks highly of Arsenic in this disorder. He says: "The one remedy which, in my hands, has before all others proved the most efficient in alleviating the distress, if not for curing the complaint, is Fowler's solution of arsenic, administered in drop doses upon an empty stomach. When thus given, and with a restricted diet, it has seemed to me to come nearer to a specific for this neurosis than any other. Indeed, the effect is at times almost magical, and when continued for a considerable period, and given in larger doses when the stomach contains food, affords, in my opinion, a nerve tonic highly essential to women in the pregnant state, and which no other remedy equals."—*College and Clinical Record.*

CANADA

Medical and Surgical Journal.

MONTREAL, JUNE, 1881.

COLLEGE OF PHYSICIANS AND SURGEONS.

The semi-annual meeting of the Board of Governors (Provincial Medical Board) of the College of Physicians and Surgeons, Province of Quebec, was held in the rooms of Laval University Medical School, 11th May, 1881. The President, Dr. R. P. Howard, in the chair.

The following governors were present:—Dr. Howard, President; Drs. Trudel and Lemieux, Vice-Presidents; Drs. F. W. Campbell, Lachapelle, Perreault, R. F. Rinfret, Comé Rinfret, Lanctot, Robillard, Marsden, Austin, Church, Mignault, Lafontaine, Gibson, Laberge, Rousseau, Kennedy, Rottot, T. Larue, Ladouceur, Rodger, St. George, Marmette, Desaulnier, Hingston, and Prevost.

The minutes of the last semi-annual meeting (in Quebec) were read and confirmed.

The Secretary read a letter from the Registrar of the Medical Faculty of Bishop's College, stating that owing to continued ill health Dr. David had resigned his position as representative to the Provincial Medical Board, and that the Faculty had elected Dr. R. A. Kennedy to replace him.

Dr. Kennedy, the new representative from Bishop's College Faculty of Medicine, was introduced by Dr. Gibson and took his seat.

It was then moved by Dr. Marsden, seconded by the Hon. Dr. Church, and carried unanimously:

"That this Board has received with regret the announcement of Dr. David's withdrawal, owing to ill health, from this Board, and that before

accepting such resignation, it desires to put upon record its high sense of the service rendered to the profession and this College in the long series of years during which Dr. David has been a member of the former and an active worker in the latter. His thorough early and professional training, his large experience and active nature, enabled him to bring great power to the consideration and discussion of all matters affecting the interests of the profession. In parting with him, this College ventures to express the hope that the cause is only temporary, and that Dr. David may yet be spared many years to bring his large store of useful knowledge and ripe experience to the assistance of the profession, and to forward the work of this College."

The reports of the assessors from the Universities of McGill, Bishop's College, Victoria College, Laval, and Laval (*succursale*), Montreal, were then read.

A letter was read from Dr. Worthington, a member of the Board, regretting his inability to be present.

The Secretary then read the report of the Board of Examiners on Preliminary Education, stating that the following gentlemen had passed the required examination and been admitted to the study of medicine, viz.: W. Galt Johnston, M. Brophy, E. Labonté, H. T. Hardman, H. Gaudreau, D. B. Darby, H. B. Smith, C. Bussiere, B. Smith, W. H. Leonard, F. Simard, and P. Morin.

The following gentlemen passed the supplementary examination imposed for partial failure last year, viz.: J. C. Blanchet, F. Jeannotte, J. O. Lambert, A. Lamothe, C. Prevost, N. Tessier.

A. Gaboury was passed for special reasons, the Board two years ago consenting that he should pass his preliminary examination after receiving his degree.

The Board for Preliminary Examination reported that twelve gentlemen had been remanded for a supplementary examination on certain subjects; also, that twenty-four gentlemen had been entirely rejected, having failed to obtain the requisite number of marks. Three gentlemen were rejected for copying.

Dr. F. W. Campbell raised the question whether a student could be examined upon all, or only the final portions of, his examinations at the end of his third session, then go and study a year with a physician, returning at the end of his fourth year and get his diploma. Dr. Campbell stated that this practice was

in vogue amongst some of the medical schools, and according to his interpretation of the by-law (chap. viii., sec. 2), such practice was irregular.

Considerable discussion ensued, when the subject was adjourned till the afternoon session.

Dr. Marsden raised the question of the legality of the new by-law, restricting the attendance of the assessors to three days. He stated that he had consulted counsel, and that the by-law was in direct opposition to the Act.

It was then unanimously resolved to alter and amend the by-law sanctioned by His Honor the Lieut.-Governor on the 3rd September, 1880, in relation to assessors, as follows :—

" To substitute the following for section 6, chap. 10, of the said by-laws: The assessors shall attend during the medical examinations of each University or Medical School ; within eight days immediately following these examinations, they shall send their written report to the secretary of the College residing in the city in which these examinations have been held. They shall be paid, in addition to their travelling expenses, a remuneration of ten dollars for every day that they shall be detained by their duties, providing it does not exceed three days, in which case only five dollars shall be paid for each additional day that they shall be detained; but in no case shall their remuneration exceed fifty dollars."

The report of Mr. Lamirande, the prosecuting officer of the College, was read by Dr. Lachapelle. The Treasurer also read a statement of his receipts and expenses during the past six months ; also a letter from him with regard to his work.

It was then moved by Dr. Lachapelle, seconded by Dr. Larue :—" That the arrangements made between the Medical Board and Mr. C. E. Lamirande, at the last semi-annual meeting, be continued, moreover the Board engages to pay, from this date, a bonus of twenty dollars for each conviction, which he obtains against a charlatan, and, furthermore, that this bonus shall be 25 dollars for each such conviction where the charlatan is too poor to pay the fine, and goes to prison."—*Carried.*

The meeting then adjourned till 2.15 P.M.

When the afternoon session was opened, the President in the chair, the Secretary read the names of the candidates for License, whereupon Dr. Lanctot asked the President if he had received a protest from the School of Medicine and Surgery, (Victoria College,) against granting licenses to the graduates of Laval University, in Montreal. The President said he had been served with such a protest. At the request of Dr. Lanctot the protest was read.

Proposed by Dr. Lanctot, seconded by Dr. Bonin, That the protest, now before the Board, be accepted, and submitted for discussion.

Moved, in amendment, by the Hon. Dr. Church, seconded by Dr. Marsden, "That inasmuch as section 7 of the act, incorporating this College, provides that the holders of Diplomas from all the Universities mentioned in section 4 of the said act, shall be entitled, under the circumstances in said section 7, to the License of this College; that pending adverse decision rendered in the Courts, this College continue in the future, as in the past, to grant all such holders of Diplomas the License of this College."

The amendment, being put, was carried by a vote of 18 to 6.

The main motion, on being put, was lost on the same division, and the amendment declared carried.

Licenses were granted to the following gentlemen:—

Laval University, Quebec.—J. Pelletier, M.D., Quebec; A. F. Poulin, M.D., Quebec; J. W. H. Blagdon, M.D., Quebec.

Laval University, Montreal.—A. Gaboury, M.D., St. Martin; J. A. Cardinal, M.D., Napierville, Quebec; A. Savard, M.D., St. Eustache; J. H. B. Jeannotte, M.D., Brigham; R. Tranchemontagne, M.D., St. Louis de Gonzague; E. Poirier, St. Cyrille.

Bishop's College, Montreal.—W. C. McGillis, M.D., Montreal; E. Quinones, M.D., Porto Rico, S.A.

McGill University, Montreal.—G. W. Gernon, M.D., Marieville; J. C. Shanks, M.D., Huntingdon; W. A. Shufelt, M.D., Knowlton; J. W. Ross, M.D., Winthrop, Ont.; H. Lunan, M.D., Litchfield, Ont.; F. W. Newburn, M.D., Drummondville, Ont.;

R. T. McDonald, M.D., Montreal; T. L. Brown, M.D., Ottawa; H. E. Poole, M.D., Kazubazua.

Victoria College, Montreal.—H. Legault, M.D., St. Armas; A. J. Prieur, M.D., St. Anicet; J. Asselin, M.D., Joliette; E. Fournier, M.D., Montreal; A. Martin, M.D., Iberville; P. E. Marier, M.D., Terrebonne; E. Lalonde, M.D., Montreal; G. L. Laforest, M.D., St. Liboire; J. O. Soulard, M.D., Quebec; N. Beaudet, M.D., St. Gregoire d'Iberville; J. G. Leduc, M.D., Montreal; J. L. Carignan, M.D., Goubelle; E. Voisart, M.D., Pointe du Lac; T. Hamelin, M.D., Three Rivers; C. Fauteaux, M.D., St. Simon; S. E. Bergeron, St. Etienne.

The license was issued to James Irwin, M.R.C.S., Eng., of Pembroke, Ont., on his English diploma; also to A. M. Gibson, M.D. (Queen's, Kingston), L.R.C.P. & S., Edin., of Massawippi, on his Scotch qualifications.

The following gentlemen submitted to the professional examination, and being found duly qualified, received the license of the College: C. S. Fenwick, Montreal; E. Tremblay, Nicolet.

Proposed by Dr. Lachapelle, seconded by Dr. Marmette, "that at the opening of each semi-annual meeting of the Provincial Board of Medicine, the secretaries shall each deposit on the table a list containing the names of the candidates for the license, the date of their admission to the study of medicine, the origin of their certificates of admission to the study, the date of their diploma and the name of the University, and that the secretaries be authorized to have the necessary blanks printed."—*Carried.*

Dr. Fred. Church applied for the License, he being a graduate of McGill University, Montreal, but not having his diploma, from an oversight of the Registrar; having given satisfactory proof of this, it was on motion unanimously resolved that he be granted said license.—*Carried.*

Moved by Dr. Gibson, seconded by Dr. Prevost, "that in view of certain notices of application to the Legislature for private bills, authorizing this Board to admit certain persons, in such notice named, to examination, this College is of opinion, and respectfully represents, that no such bills be passed, unless

first submitted and recommended by the Board of Governors of this College."—*Carried.*

Moved by Dr. Lachapelle, seconded by Dr. F. W. Campbell, "That a copy of the above resolution be sent to every medical man in the Provincial Legislature."—*Carried.*

Moved by Dr. Church, seconded by Dr. Desaulnier, "that the President, Secretary, (Montreal,) and Treasurer be a committee authorised to prepare an announcement of the College, containing lists of all the text-books recommended by the matriculation examiners, the regulations of the College as to the medical curriculum; the fees; the time and places of holding examinations, etc., for the guidance of medical students, and candidates for the license."—*Carried.*

Moved by Dr Church, seconded by Dr. Lachapelle, that the writing in all diplomas, documents, records, etc., intended to be permanent, be written with an ink which will not affect the material upon which such writing is made nor become illegible from decomposition.—*Carried.*

On motion of Dr. Lafontaine, seconded by Dr. Laberge, it was unanimously decided that the salary of the Registrar from the 29th of September last be three hundred dollars a year.

Dr. Robillard gave notice of motion, seconded by the Hon. Dr. Church, that at the next semi-annual meeting of this College, he will move that the salaries of the Secretaries and Treasurer be increased to one hundred dollars.

Moved by Dr. Marmette, seconded by Dr. Church, "That the members of this College have heard with deep regret of the death of Dr. Michaud, an old member of this College, and they desire to express deep sympathy with his family in their bereavement;" and that a copy of the above resolution be sent to the family of the deceased by the Secretary.—*Carried.*

Moved by the Hon. Dr. Church, seconded by Dr. Lafontaine, "that the account of Dr. Marmette and other witnesses for attendance at the preliminary investigation of the charges brought by Dr. Gilbert against Drs. Fenwick and Worthington, after having been revised and approved by the President and ex-President, Dr. Rottot, be paid."—*Carried.*

Dr. Rodger brought before the College the fact that large quantities of obscene medical literature were being circulated through this Province by Dr. A. M. Ross, a licentiate of this College.

Moved by Hon. Dr. Church, seconded by Dr. Rodger, "that the documents now produced by Dr. Rodger and laid on the table, purporting to have been issued at the instance of Dr. A. M. Ross of this city and circulated through the city and country, be referred to a committee, consisting of Drs. Rottot, Trudel, Craik, and F. W. Campbell, with instructions to examine them and to enquire whether these documents have really been put in circulation by Dr. A. M. Ross; that if the committee shall be of opinion that he put them in circulation, the said committee enquire and report whether the Act incorporating this College affords any remedy for such misconduct, or if not, whether the criminal law affords any punishment for similar conduct; to consult counsel if necessary for the foregoing purposes, and to report the result of their deliberations to the College."—*Carried.*

Dr. F. W. Campbell moved, seconded by Dr. Gibson, "That the subject with regard to the legality of the fourth year of medical study being passed with a practitioner, after he has passed all the examinations for his degree, introduced by Dr. F. W. Campbell, at the morning sitting of the Board, be referred to one school representative, from the medical schools in Montreal, and the two outside governors for the city of Montreal." —*Carried.*

Moved by Dr. Lanctot, seconded by Dr. Marsden, "That the governors of the College of Physicians and Surgeons be notified by post card of the time of holding the semi-annual meeting." —*Carried.*

A vote of thanks to the Laval Faculty of Medicine (Montreal), for the use of their rooms, was unanimously passed.

MONTREAL GENERAL HOSPITAL.

Several important changes have been recently made in the medical management of this institution. For some time past the Committee of Management and the Medical Board have had under their consideration a by-law providing for the appointment of a Medical Superintendent, with powers similar to those conferred upon the corresponding officer in several of the American and a few of the English Hospitals. This plan has also been followed for some time at the Toronto General Hospital, and has, we believe, given very general satisfaction. The President of our Hospital, Mr. Redpath, has for the last two years given this matter his earnest personal attention, and has thoroughly investigated the subject both in London and in the United States. At the annual meeting of the corporation of the Hospital the by-law was passed. Although it curtails in some respects the privileges hitherto enjoyed by the attending physicians, especially with reference to their power of admitting patients, still it is believed that the change will result in good, for it gives that which is so essential to the efficient working of these charities, viz., the concentration of authority and therefore of responsibility in one individual. The medical superintendent will now have complete control of the internal management of the Hospital, of the patients, servants, and nurses. We have every confidence that this new departure, thus decided upon by the Governors after mature consideration, will result in an improved condition of this important institution in every respect. The appointment has been conferred on Dr. James Bell of this city. Dr. Bell was highly recommended by the Medical Board for the office. He has already served two years as house surgeon, and during that time has given decided evidence of possessing such administrative ability as will certainly make him an efficient incumbent of this responsible post. We congratulate him upon his appointment, and trust his administration will be as successful as his friends have every reason to expect.

An addition of one has also been made to the staff of resident officers. For the future there will be at least three resident

physicians and surgeons, a separate officer being now constantly in attendance on the out-door physicians, and on them only. This was badly wanted, and will cause the work of the staff to be very much more efficiently performed. The gentlemen appointed resident medical officers for the ensuing year were Dr. And. Henderson (who has already served one year), Dr. J. A. MacDonald (gold medallist, McGill, 1880), who has acted as *locum tenens* for several months owing to the unfortunate accident to the late House Surgeon, Dr. Imrie, and Dr. F. H. Mewburn.

Dr. John Reddy has resigned from the attending staff, and been placed upon the consulting staff. The vacancy thus created was filled by the appointment of Dr. Wm. A. Molson (formerly one of the out-door physicians), and Dr. Wm. Gardner was elected an out-door physician. Both appointments have given general satisfaction (though, of course, there are malcontents), and we are happy to add our congratulations to both these gentlemen upon having obtained such honorable marks of distinction.

It will interest some of our readers to know that the medical staff of this Hospital has now been permanently divided into medical and surgical. Hitherto such division has been made, purely voluntarily, during the winter session by the two professors of clinical medicine and clinical surgery. Now, however, this arrangement has been made to extend over the whole twelve months, and is compulsory. This is only doing what is done in every large hospital of any note where students are taught, and we are sure will here result in great good.

CANADA MEDICAL ASSOCIATION.

The annual meeting of the Canada Medical Association will be held on the 3rd of August, at Halifax, N.S. The place of meeting is certainly at one extremity of our rather extended Dominion, which fact will probably deter some from attending. Still, if the general character of the Association is to be maintained, it is inevitable that some of the meetings shall take place in cities less accessible to all than the leading centres of the older Provinces. We always thought, therefore, that the selection of Halifax this year was to be commended, and we earnestly

hope that as many members as possible will, even at some little personal sacrifice, assist the general interests of the Association by their presence. For those who can spare the time, the journey to Halifax can be made extremely pleasant by going by the Gulf-Port steamer, and an enjoyable holiday can also thus be obtained in the performance of this public duty. We know our *confrères* of Halifax will be disappointed if the hospitality for which they are renowned, and which they are prepared to bestow upon their visitors, should not be availed of by a goodly number. Arrangements have been made with the Intercolonial Railway Company for return tickets at one and one-third fare, and it is confidently expected that similarly favorable arrangements will be obtained from the various steamboat companies. In connection with this matter, we would remind the acting general secretary of a motion passed at the Ottawa meeting last year, viz., that "a general certificate of membership should be supplied through the local secretaries to the secretaries of all medical societies." The carrying of this regulation into effect will be a great convenience to many members. We understand that owing to the continued severe illness of the General Secretary, Dr. David, the duties of the office have been temporarily undertaken by Dr. A. H. Wright of Toronto. We hope to be able, in our next issue, to publish the titles of several of the papers which may be expected at the meeting.

A NEW TARIFF.

It is a curious thing that, with a duly-appointed mouthpiece for the entire profession in this Province, it should be considered competent for any individual member to bring a bill before the Local Legislature making most important alterations in the existing law. This has already been done on more occasions than one, and the proceeding has been severely condemned by resolution passed at the last triennial meeting of the College of Physicians and Surgeons, held in this city. Notwithstanding this, a renewed attempt has been made—the most absurd yet witnessed—to legislate for the profession, not only without their consent, but without their knowledge. The facts are these:

The Provincial Medical Board has had for some time under consideration the matter of a general tariff of fees. In September last, after careful consideration, this was passed, and was submitted to His Honor the Lieut.-Governor for his sanction. (The tariff will be found in the CANADA MEDICAL AND SURGICAL JOURNAL for November, 1880.) The bill was only assented to last month, and is published in the Quebec *Official Gazette* of the 21st May, 1881. By a provision therein contained, it does not become law for six months after publication, *i.e.*, until the 21st November, 1881. On the 30th May, a Mr. Gagnon introduces a bill to amend the foregoing—that is to say, he submits an entirely new tariff. It is quite unnecessary to consider the items of this tariff—it is one that would never be accepted. Mr. Gagnon's bill, embodying *his* ideas of what professional services are worth, was read a second time the following day. After this, through private friends, the President and other members of the College were notified of what had transpired. They have, of course, taken the necessary steps to have the bill officially opposed, but even now it is thought that it may be necessary for a deputation to go to Quebec and attend to the matter personally.

At a meeting of the Medico-Chirurgical Society of this city, held on the 10th inst., this matter was brought up, and a protest was at once forwarded to the Legislature against the proposed interference. Is it not vexatious that the medical profession should be constantly submitted to the impertinent interference of lay members, knowing nothing of our requirements, who yet volunteer radical amendments to our medical laws? Is there no way of strangling such deformities before they see the light?

INDECENT ADVERTISING.

In the report of the proceedings of the Governors of the College of Physicians and Surgeons of the Province of Quebec, it will be observed that Dr. Rodger of this city brought up a very important matter. He submitted to the College a number of documents said to have emanated from a certain person whose name is to be found upon the Provincial Register; and he stated

that he was credibly informed that similar sheets were widely distributed throughout this Province and the country in general. We have seen these productions; they consist of the usual form of announcement to youths, concerning the evils of self-abuse and the frightful consequences which follow the practice, and are abundantly illustrated with the usual startling woodcuts, showing spermatozoa floating about, young men with their hair falling out, &c. Interspersed with these are Scriptural texts, which, thus used, are simply blasphemous. Large envelopes, with the doctor's address in letters an inch long, also accompany them, with full directions for carrying on a correspondence with this good genius of the afflicted. We are glad to observe that the case excited considerable interest, several of the members speaking on the subject. It was very properly relegated to an energetic committee, the members of which live in the same city, and will therefore be able to thoroughly investigate the facts and present them in proper form at the next meeting. The College has done well to take such prompt action, and we owe a debt of gratitude to Dr. Rodger for having introduced it to their notice. It will be seen that a very important subject will have to be discussed with reference to this case. Supposing the allegations to be proven, what then? Then it will be for the College to say how far such grossly unprofessional and immoral conduct is to be allowed to continue by one enjoying the protection of official recognition. It will be for the committee to carefully investigate the law on the question, and report to what extent the registered members are subject to the governing body, when convicted of such irregular practices as we have alluded to above. The profession of this city are peculiariy interested in this particular case, owing to the notoriety which the accused has obtained and the public scandal caused thereby; but the whole profession are concerned in seeing our lists kept free from rank offenders of this kind, who are the very pest and bane of every community.

THE HOMŒOPATHS.—The opportunity of the Jenner-Kidd-Quain controversy was one altogether too good to be lost by the homœopathic fraternity at large. The exalted position of the

noble patient, and the celebrity of all the medical men concerned, naturally caused wide-spread interest to be taken in its every phase. As Dr. Markham has pointed out in the *British Medical Journal*, the homœopaths at once raised the cry of "Io Triumphe." But has the action of Dr. Quain in consenting to consult with Dr. Kidd actually helped the cause of the followers of the Law of Similars? We should think not. It may be assumed that Dr. Kidd treated the Earl of Beaconsfield according to the method which he believed best for the welfare of his august patient. That method was, according to his own showing, not homœopathic. Instead, therefore, of scoring a victory, the homœopathists will have to confess that Dr. Kidd's letter of recantation is a severe blow to their peculiar doctrines. Not to be behind the rest of the world, one of our local practitioners of infinitesimal dosage has been occupying considerable space in the public papers, making capital out of the so-called spirit of persecution evinced by Sir Wm. Jenner, to the great glorification of homœopathy and Hahnemann, and the confusion of the main body of regulars, not sufficiently intelligent to adopt the shibboleth of "Similia," but content only to persecute, when possible, those whose only fault is that they are ahead of the age in which they live. The curious we would refer to the columns of the *Herald* and the *Spectator*.

"FORECASTS" OF DISEASE.—Owing to the persistent ratiocinations of our local (but now widely-known) prophet Vennor, we have become accustomed to hearing a good deal about "forecasts" of the weather. Whether or not it be owing to the celebrity earned by this individual, we know not; but certain it is that certain learned men in our neighboring States have taken to foretelling the diseases which are to be confidently expected during certain seasons, and the remedies which will then be most useful. We give an example from an exchange: "The cold, the heavy storms and the lack of sunshine have, without doubt, already had an influence upon the general health, and as spring and summer advance, we will reap the harvest so abundantly sown during the winter. Especially may we expect congestion

to be a prominent symptom in most diseases. Chills, in some form, will prevail. Typhoids will be frequent, and meningitis will probably continue to prevail all through the season. Atmospheric influences will have a decided effect upon the forms of diseases and their particular phases. An innervated (*sic*) contion of nerve force may be expected. Hence debility, muscular weakness and paralysis will result. Electricity, properly administered, will be one of our most efficient remedies this season. Aconite will be *the* sedative, and quinine will be largely in demand." Now the wise physician, in the parts thus blest with a seer, will be able to lay in a stock of aconite and quinine, and feel that, with their assistance, he will surely garner in his share of that "abundant harvest" with which a benevolent Providence is about to bless (?) the land.

Medical Items.

PERSONAL.—Richard N. Mattice (M.D., McGill,) passed the examination for Licentiate of the Royal College of Physicians, London, on April 28th.—Chas. DeWolf Heard (M.D., McGill,) and E. J. Rogers (M.D., McGill,) have recently passed the examinations for L.R.C.P. & S., Edin.

THE INTERMATIONAL MEDICAL CONGRESS.—It is anticipated that not less than 2000 foreign medical practitioners will visit London next August, on the occasion of the International Medical Congress to be held in the early part of that month. It is almost certain that in point of attendance, variety of attraction and extent of opportunities for observation, the London Congress will far surpass any of its predecessors. By the change in the Presidency of the College of Physicians, Sir W. Jenner becomes *ex officio* Chairman of the General Committee of the Congress, a post the duties of which have up to the present time been discharged by the Chairman of the Executive Committee, Sir Ridson Bennett, M.D.

BREAD EARNED BY SWEAT.—A curious industry existed in Rome, which is worthy of mention. The gladiators were accustomed to rub their limbs with olive oil in order to make their

muscles supple. After their contests the mixture of the oil and sweat which formed on the skin was carefully scraped by bronze instruments called *strigiles*, and was highly valued. It was made into pills, and had a great reputation for endowing with strength and prolonging life. Pliny says that certain gymnasts made as much as 80,000 sestertiæ a year by the sale of the *strigamenta*, as the product was called; that is equal to nearly $3,000 of our money.

CURIOUS COSMETIC INVENTION.—In Paris, says the *Lancet*, false ears are a new manufacture for the toilet. Ladies who think they have ugly ears place these artistic productions under luxuriant tresses of false hair, fasten them to the natural ears, and wear them for show. False hair, false teeth, false breasts, false hips, false calves, false ears—what next?

PISCATORIAL.—This, to his assistant, from one of our prominent physicians, who is off on a little fishing excursion :—

Doctor—"Tell everybody I am off to the country in attendance upon a bad case." "But patients are so curious," was the response, "what shall I say of the case; give it a name." "Well, call it, let me see—yes, call it a case of *ichthyosis*."—*Cin. Lancet.*

THE HIGH PRIESTS OF SURGERY.—In other departments surgical ingenuity is strained in its sublimest heights by the invention of steam engines for the destruction of *hypothetical* entities, and the modern surgeon, like the priest of old, performs his thaumaturgy amid a cloud of incense and an abominable smell. —*Press and Circular.*

—In his recent visit to Russia, Professor Charcot was entertained by Madame Dr. Tarnovsky, a woman practitioner of eminence in St. Petersburg. The professor, at a professional banquet, expressed himself in terms of high praise about the "lady doctors," setting an example to the profession across the channel which they ought to imitate.

—The most remarkable instance of heredity on record is a case reported by the *Louisville Courier-Journal*. A young lady

nine years ago had a needle enter her foot. It was never extracted, but continued its meanderings through the body. The lady was married a short time since, and in due course a child was born, a year after which the identical needle, it is said, much corroded, was found in the infant's thigh.

—We understand that the clause in the "Pharmacy Act Amendments Bill" requiring physicians who keep drug stores to pay the same annual license fee as druggists, was lost in the Private Bills Committee, owing to the opposition of a few physicians, of whom Dr. Duhamel was one. We regret this, as we think it is only fair that a physician who abandons his own profession for pharmacy should pay the small license fee demanded. If our information is correct, a man cannot, in France, practice as a physician and pharmacist at the same time.

—The physicians of Nashville have petitioned their City Council to prohibit the tolling of bells for funerals in that place, urging, as a reason for the request, that the tolling "had a *depressing* effect upon the *balance of their patients.*"

—Bulwer says in one of his novels, in defining a medical consultation, that a consultation is a meeting of physicians in which the counsellors agree with the attending physician, and change the treatment.

MALTINE IN PULMONARY PHTHISIS.—Dr. Edmund Nash, of London, says: "I have used Maltine with Cod Liver Oil with the happiest results in a case of tuberculosis attended with tubercular peritonitis, in which the temperature of the patient rose to 105 1-5° and persistently remained above 100° for upwards of two months. The only medicine taken was Maltine with Cod Liver Oil, and an occasional dose of Carbonate of Bismuth, to check diarrhœa. She gradually improved and made a perfect recovery. I find Maltine with Cod Liver Oil is more readily taken and more easily assimilated than Cod Liver Oil in any other form.

LOWDEN & Co., *Agents*, TORONTO.

CANADA

MEDICAL & SURGICAL JOURNAL

JULY, 1881.

Original Communications.

AN ADDRESS UPON THE USE AND ABUSE OF ALCOHOLIC DRINKS.

By WILLIAM BAYARD, M.D., &c., EDIN.,
President of the New Brunswick Medical Society.

[Read before the New Brunswick Medical Society.]

GENTLEMEN,—I know of no subject in the present day of such paramount importance to the well-being of mankind as an accurate knowledge of the "*use and abuse of alcoholic drinks*," embracing as it does, its medical, its moral, its political and its social aspects. Our professional education and experience, teaches us the physiological action of alcoholic liquors upon the human frame, when they should be abstained from, and when they could be taken with advantage; and our professional experience too often teaches us the baneful effects morally and physically upon the individual who indulges in the use of them to excess. While the justice is daily and hourly brought face to face with the "moral evil," the physician is as often called upon to combat the inroads upon the constitution produced by the abuse of them. That the evil is the greatest one of the age and that it calls loudly for a remedy cannot for a moment be denied.

Laudable efforts have been made and are being daily renewed by philanthropists to stay the progress of intemperance with its attendant consequences, disease, insanity, crime and poverty. Societies have been formed, laws enacted, and persuasive and

coercive measures adopted. Yet, reliable statistics prove that the evil continues to increase with the increase of population. The statesman requires the aid of all enlightened minds to assist him in framing such laws as will meet the difficulty. And the people at large require to be taught that the abuse, and oftentimes the continued use of alcoholic liquors leads to results dreadful to contemplate. They must be made to believe that they are swallowing a poison, which, if taken at improper times and in improper quantities will, sooner or later inevitably create disease of body and mind. And who can educate them so well upon these points as the physician ? and, gentlemen, let me add, I think it our duty as custodians of public health, and as well-wishers of our race, by precept and example, to exercise that influence which each and every one of us can command towards this end.

With the confirmed inebriate we can do little, argument is useless where the entreaties and tears of fond wife, parents, brothers and sisters are of no avail ; the finer qualities of his nature are destroyed, the terrible craving for stimulants has taken the place of his will, and he pursues his course to degradation and death, regardless of consequences. Restraint is the only remedy for him, and when that restraint is enforced for a suitable period, it is often surprising to witness the recovery of body and mind under it. But the difficulties surrounding the general application of it, are such as have puzzled the minds of the most astute statesmen and philanthropists, yet it is to be hoped that some means may be devised for carrying it out. But we can and should exercise an influence over the minds of the " masses " who believe that alcoholic stimulus in some of its forms, is generally beneficial to the human system and a necessary aid in promoting health and vigor of body and mind, and in resisting the extremes of cold and heat and other depressing agencies. They should be taught that these ideas are fallacious, that the human system can alone be supported in health by food, that alcohol is not a food in the ordinary acceptation of the term, that no tissue of the body can be built up by it, that with other articles of diet, a dangerous craving is created by the con-

tinued and unseasonable use of it, that while in moderate quantity it produces an exhilarating effect upon the mind, this exhilaration is certainly followed by a corresponding depression, that while it imparts a temporary strength to the muscular power, that power cannot be sustained under its continued use, that the primary effect of it upon the circulation is to produce a glow of warmth upon the skin, which is of short duration and leaves the body colder, that it does not support the system under the enervating influence of extreme heat, that he who will indulge in the use of it should *never* do so in health upon an empty stomach, and that every organ of the body suffers more or less from the excessive use of it.

It may be asked what is the effect of alcohol, the base of all intoxicating liquors, upon the tissues of the stomach? We may answer that, in a concentrated form, a chemical action takes place. That in consequence of its strong affinity for water, it seizes that fluid contained in the tissue, producing a coagulation and rendering it hard and dense, and destroying for a time the absorbing power of that organ, which will only be renewed when the alcohol becomes sufficiently diluted with the water in the tissue. It may be observed that pure brandy, which usually contains equal parts of alcohol and water, is sufficiently strong to produce this coagulation, therefore it must combine with some of the water of the tissue before it can be carried into the circulation. That when *diluted*, it is absorbed into the ciculation with marvelous rapidity, as proved by the experiments of Dr. Percy, who found that when death took place in two minutes after it was injected into the stomach of the animal, that organ was found almost void of it, while it was found in the blood and in considerable quantity, in the substance of the brain. It appears to seek out and fasten itself upon the nervous matter, affecting in the first stage of intoxication, the intellectual faculties through the *cerebrum*. In the second stage, a disturbed function of the *sensory ganglia*, as indicated by a want of that control over those muscular movements which are guided by sensation. And in the third stage, when the functions of the *cerebrum* and *sensory ganglia* are suspended, those of the

medulla oblongata and *spinal cord* now begin to be affected, as shewn by the difficulty of respiration, strabismus, dilated pupils and tetanic spasms. Richardson tells us that the action of alcohol upon the red globules of the blood is to extract the water from them, thereby reducing their size and altering their shape. He further says, "I found by experiment, that in presence of alcohol in the blood, the process of absorption of oxygen was directly checked and that even so minute a quantity as one part of alcohol in five hundred of blood proved an obstacle to the perfect reception of oxygen by the blood. Hence we may expect the blood to assume a venous character under its influence. The poisonous effect of alcohol upon the blood and nervous matter, is antagonized by the efforts made by the system to get rid of it. Recent observations go to show that it is partly eliminated by the lungs, skin, bowels and kidneys. But the amount thus eliminated is so small that it does not account for all that disappears. Carpenter thinks that a combustive process takes place in the blood, at the expense of the oxygen it contains, converting it into carbonic acid and water, while the experiments of E. Smith and others go to show that there is no increase of carbonic acid produced. And Anstie and Thudicum contend that it is consumed in some way in the economy, though how they do not say. Acknowledging that alcohol is consumed in the system, it cannot be classed as a tissue producing food. It does not supply those substances which go to build up the various parts of the body. But the evidence before us, is, I think conclusive, that when taken in proper quantities and under proper circumstances, it diminishes or arrests the waste of the tissues and probably in some way supplies the place of deficient aliment.

It is urged by Beale, Binz, &c. that alcohol possesses the property of restraining the rapid growth of young cells, and like quinine of checking the multiplication of the white corpuscles of the blood. The muscular system when performing the movements of the body, obeys the will through the nervous system. For the due maintenance of their respective powers, both systems require *materials of growth and regeneration*, which can only

be obtained from blood charged with oxygen and purified in the course of its circulation through the body, and this blood can alone be obtained from food, alcohol containing none of the constituents necessary for its production. It is quite true that the *stimulating* effect of alcohol upon the nervous system, increases the nervo-muscular power, which may be forced for a time beyond its natural limit, but cannot be sustained without rest and a renewed blood supply, which, as already stated, cannot be produced by alcohol. Its action upon the muscular power of the heart is such as to increase the beats of that organ in proportion to the quantity taken. According to Richardson the man who swallows 8 ounces of alcohol in 24 hours, increases the number of beats of his heart from 100,000 to 124,045 during that period. Hence we can readily understand the exhaustion consequent upon such increased action. The brain being the instrument by which all mental power is exercised, requires for the proper performance of its functions, the healthy nutrition of the nervous system, and a due supply of oxygenated and depurated blood, neither of which can be afforded by the alcohol. Yet it must be conceded that the first effect of an alcoholic stimulus is to produce a *temporary* excitation of mental activity. The individual under the influence of it feels an exhilaration of spirits, a sense of gayety, is pleased with himself and others, his ideas flow rapidly, and he pours forth his thoughts with force of expression and richness of conception. But like the candle burning brilliantly in an atmosphere of oxygen soon burns itself out. So the over stimulated brain becomes exhausted, and demands rest, upon the well known principal that undue mental excitement from any cause, is invariably followed by depression and languor. The general warmth experienced for a time when a glass of spirits is taken on a cold day, is the cause of the prevalent belief that alcoholic liquors possess the property of enabling the body to resist the depresssing influencs of extreme cold. Animal heat is maintained by the combination of the carbon and hydrogen contained in certain materials in the blood, with the oxygen taken in by the lungs. Fats and sugars in the blood yield the carbon and hydrogen, and while

alcohol furnishes the same elements for combustion, it is not certain that it plays the same part in the body and cannot be correctly ranked as fuel-food, as has been amply proved by experiment and by the observation of Arctic travellers. The first effects of alcohol being to increase the force and rapidity of the circulation to the extent named, we may naturally conclude that the capillary vessels become gorged, and the blood thus driven to the surface is cooled more rapidly by the outer air, so its secondary effect takes place and the temperature is lowered.

It is now universally acknowledged by those who are called upon to sustain continued bodily exertion under a high temperature, that the work can be better accomplished without alcoholic stimulants than with them, and our physiological knowledge corroborates this experience. The remark is often made that the world would be better without alcoholic drinks than with them; that the evil counterbalances any good that may be derived from them. The answer to this is that every nation has its stimulant of some kind; that kind Providence has permitted the *use* of them, and if they are abused evil consequences follow. It is quite true that a fascination surrounds the use of them that does not follow the use of other substances equally dangerous.

A certain amount of self-control is implanted in the mind of every individual; he knows that danger attends many of his daily acts; he commits the act and avoids the danger. So with the use of alcoholic drinks,—the danger lies *not in the use* of the them, but in the improper use of them. His daily experience teaches him that many, very many, become victims to the *abuse*. He thinks he possesses sufficient self-control to avoid the danger, and so he does up to a certain period; but let him continue to indulge at *improper times* and *in improper quantities*, that self-control is lost, and cannot be regained but by continued total abstinence. He cannot say that he will reduce his allowance; one glass will rekindle his appetite, when the fire will continue to burn until disease and death follow. If an individual is so weak-minded, and so much the creature of

impulse and selfish desire, that having experienced the pleasurable effects of intoxicating drinks, he will voluntarily surrender that power of will given him by Providence for his safety, and throw aside the reins of self-government, and let passion run away with him, he is to be pitied, can claim no respect, and is a fit subject for restrictive laws and punishment. He should know that the highest attribute of a well-regulated mind is the power of self-control, and that the act of self-government is *noble* when exercised in the face of "temptation," nothing without it, and he who will not restrain an injurious appetite degrades himself to the level with the brute creation.

We will be asked whether alcoholic drinks are necessary ingredients for the sustenance, well-being and comfort of man. If used, at what times and under what circumstances should they be taken, and in what quantity? And, gentlemen, let me say that, upon the advice we give, depends in a great measure the good we can accomplish. With regard to the first question, we may answer that he who eats well, and sleeps well, does not require alcoholic drinks; that the great majority of persons are better without them; that most of the alcohol consumed is worse than useless, the evils consequent upon its abuse certainly preponderating over the benefits derived from them. But, as I said before, alcoholic drinks have been given to man, and *he will continue to use them.* As well might we attempt to prevent the tide from rising as to prevent the production and consumption of them. Therefore, the efforts of philanthropists should be directed towards the *possible*, not the *impossible.* The fact that alcohol, when taken into the circulation, augments the force and rapidity of the heart's action, increases the excitability of the nervous system, and supplies one of the means of keeping up animal heat, commends it to the physician when other means for obtaining those effects are defective; and our practical experience teaches us that, when administered with caution and discrimination, it is a most valuable remedy in various forms of disease, and one for which no proper substitute has yet been found. As to its mode of action in the cure of disease we cannot speak with certainty. Dr. Burdon Saunderson's

theory seems to be accepted: that in certain diseases the tissues waste, first the fat, then the muscles, and that alcohol prevents their waste at a time when the patient is too weak to take other food. He says that "the cause of the waste of the tissues is that they are used or burnt in the process of respiration; alcohol takes their place, and supports respiration when the stomach is too weak to prepare and assimilate any other food for that purpose." Alcoholic stimulants improve the appetite, assist digestion, and in fevers and other wasting diseases they are indispensable. The practical application of them must be left to the judgment of the physician, no two cases being exactly alike, each differing in constitution, temperament and intensity. But he should always so regulate his dose that mischief may not accrue from over-stimulation. And he should be particularly careful to avoid bringing the system into a habit of dependence upon the stimulus, for it cannot be doubted that over-indulgence has commenced with the therapeutic use of it. Hence, he should be ever on his guard. The exhilarating effect of alcoholic beverages is so universally felt that the use of them has become a "social habit," and one so engrafted upon the human mind that no amount of persuasion or coercion can eradicate it. It must be acknowledged that the social use of them very often leads to abuse. But if we are unable to combat the *use*, let us attack the *abuse;* let us teach those who use them how to do so with comparative safety, and how to avoid the danger.

Those who value good health, and wish to enjoy the effects of alcoholic drinks socially, will naturally ask at what time and in what quantity can they be used with impunity? We may answer that, except in sickness, alcohol in any of its forms, should *never be taken without food*, and preferably at dinner. I wish to impress this precept, as strongly as words can express, upon the minds of all who hear me, believing, as I do, that food is the great antidote to its injurious effects, and that if this rule were adopted we would not see one inebriate for every hundred we see under the present pernicious custom of drinking at all hours of the day and upon an empty stomach. A man meets

a friend, to whom he wishes to "do the civil." He asks him to go and have a drink; the friend is not thirsty, but he wants to be "civil;" he goes; they have their glass; they meet other friends at the shop, who also want to be "civil,"—the result is that many glasses are taken upon an empty stomach that cannot at the time bear one glass. This is not the *use*, it is the *abuse;* and he who so indulges will assuredly, sooner or later, pay the penalty. As to the quantity, it is difficult to lay down any rule: that which would be enough for one would be too much for another. The quantity usually taken at a dinner party, if habitually taken, would prove injurious. From one to three glasses of claret, sherry, or port, should be the limit. Light wines are preferable; the stronger liquors should never be taken, except in small quantities, and then largely diluted. The pernicious effects of the excessive use of alcoholic liquors upon the human system are so familiar to us all that it is needless for me to recapitulate them. It is sufficient to say that almost every organ of the body participates in the injury, and that the evil is not confined to the "inebriate," but extends to his offspring. There is abundant evidence to prove that it is the most potent cause of insanity. Dr. Howe, in his report to the Legislature of Massachusetts, says that out of 300 idiots 145 were children of drunkards; and we have corroborative evidence of this fact handed down to us from antiquity. Thus Plutarch says "one drunkard begets another;" and Aristotle remarks that "drunken women bring forth children like unto themselves." A stronger argument in favour of temperance cannot be produced; for he who indulges not only brings misery to himself and those around him, but entails it upon those who follow him. The consequences of intemperance are such as to have commanded the attention of legislative bodies in various parts of the world. In England, Committees of the House of Lords have been repeatedly appointed to investigate the subject. From the report of the last Committee, made in March, 1879, we gather a vast amount of information. We learn that "there appears to be a direct relation between the rate of increase of population and the rate of drunkenness, so

that, on the whole, where the population is increasing most rapidly, there is the greatest drunkenness, the more northern districts being more drunken than the southern; and that intemperance has increased among women. That, as a rule, intemperance is less among the higher class of artizans, and greater among the lowest grades of the community." But this increase of intemperance may in a great measure be attributed to the rapid rise in wages, and to the increased amount of leisure enjoyed by the manufacturing and mining classes. That the cost of the consumption of alcoholic beverages has increased from £2 18s. 6½d. per head of population in 1860, to £4 9s. 0½d. in 1876; though this increase of expenditure cannot be taken as a positive proof that drunkenness has increased in the same ratio, for statistics show that the use of tea, sugar, tobacco and wine has increased more rapidly than the use of spirits and beer. "This may be partly accounted for by the abolition and reduction of the duties on sugar and tea, and on light wines."

The next question for consideration is, What has legislation done to abate intemperance? and what can it accomplish? Laws upon the Statute Book are useless unless carried out, and to accomplish this object the laws require to have the approval of a large majority of the community, who must feel that he who evades them degrades himself. Now it is idle to expect that laws prohibiting the *use* of alcoholic beverages will be carried out, while the *importation, manufacture and possession of them is allowed*, unless the "masses" are brought to the belief that the social use of them is degrading and injurious to health. This belief does not exist, owing to the fact that a very large majority of those who purchase and consume liquor use it in moderation, are never intoxicated, and do not feel that they are injured by it. Legislators knowing this belief have directed their minds to the *abuse*, leaving the *use* to be controlled by the proper education and judgment of mankind upon the risks of over indulgence. The select committee of the House of Lords before referred to, having considered various schemes for the alteration of the licencing laws, recommended before all others,

the Gothenburgh system or a modification of it by Mr. Chamberlain. The Gothenburgh system directs that no individual either as proprieter or manager shall derive any private gain by the sale of spirits. That the whole public-house traffic be transferred to a limited liability company, consisting of the most respectable members of the community, who shall undertake by their charter to conduct the business solely in the interests of temperance and morality, and to pay to the town treasury the whole profit beyond the ordinary rate of interest on the paid up capital. The capital required for this purpose was £10,000 of which however only £7,500 have been paid up, and the annual profits amount to £40,000. The population of Gothenburg in 1876 was estimated at about 65,000. The number of licences issued by the new company was reduced from 119 to 56. Of these 13 were transferred to wine merchants for sale off the premises of wines and spirits of the higher class, not "Brânvin," which is the ordinary drink of the working classes, 10 were transferred to hotels, clubs, restaurants and cafés; 26 to public houses and 7 to shops for sale off the premises. The local authorities having the power to fix the hours of closing have prohibited all "Car" business from 6 p.m. on Saturday to 8 a.m. on Monday. This experiment appears to have worked well from the fact, that every town but one in Sweden, having a population exceeding 5000 adopted it. It is in force in 27 towns having 5000 inhabitants and upwards, and in 19 towns of smaller population. Founded upon the Gothenburg system, a scheme was brought before Parliament in 1877, by Mr. Chamberlain, uuder which he proposes to work by municipalities, and not by the "Bolag" or company. This scheme would empower town councils to acquire by agreement, or failing agreement, by compulsion, the freehold of licenced premises within their respective districts; and on purchase by agreement the existing interest of present licence holders in leases, good-will and fixtures. It enables them if they think fit, to carry on the trade for the convenience and on behalf of the inhabitants, but so that no individual shall have any pecuniary interest in, or derive any profit from the sale of intoxicating liquors. It gives power to

town councils to borrow for this purpose, on the security of the rates, and to carry all profit, after providing for interest and sinking fund, to the credit of the education rate and the poor rate in equal proportions. In the words of the committee :—

"The advantages expected from the two foregoing schemes are nearly identical."

"The control of the local authority over the issue of licences."

"A great diminution in the number of public-houses and an improvement in their convenience, healthiness and management."

"By the provisions that no individual should derive any profit from the sale of intoxicating drinks, and that the managers should keep a supply of tea, coffee and other refreshments, it is hoped that the present drinking-houses might gradually assume the character of eating-houses, and workmen's club-places of harmless resort.

"That sound seasoned spirits and light wholesome beer, would be substituted for the deleterious spirits, and heavy unwholesome beer strongly charged with alcohol, such as are now often supplied."

As the net results of the change, a diminution in intemperance, a reduction in crime and disorder and a considerable balance of profit to be devoted to the relief of local rates.

Objections urged against both schemes by extreme advocates of temperance are :—

"That town councils should not conduct a traffic demoralising and wrong in itself."

"That the temptation of profit might induce the town council to multiply the number and attractions of the drinking places."

"That the preliminary expense attendant upon the acquisition of such a property would be enormous."

"And that Town Councils are unfit to conduct so vast a business with economy and care."

I cannot do better than to give the words of the Committee upon these points :—

"We do not wish to undervalue the force of these objections ; but if the risks are considerable, so are the expected

advantages. And when great communities, deeply sensible of the miseries caused by intemperance, witnesses of the crime and pauperism which directly spring from it, conscious of the contamination to which their younger citizens are exposed, watching with grave anxiety the growth of female intemperance on a scale so vast, and at a rate of progression so rapid as to constitute a new reproach and danger; believing that not only the morality of their citizens, but their commercial prosperity is dependent upon the diminution of these evils; seeing, also, that all that general legislation has been hitherto able to effect has been some improvement in public order, while it has been powerless to produce any perceptible decrease of intemperance, —it would seem somewhat hard, when such communities are willing, at their own cost and hazard, to grapple with the difficulty and undertake their own purification, that the Legislature should refuse to create for them the necessary machinery, or to intrust them with the requisite powers."

"The Committee, therefore, are of opinion that legislative facilities should be afforded for the adoption of these schemes or some modification of them."

In support of this recommendation it may be urged that the present licensing system is defective in every particular, inasmuch as the number of drinking-places far exceed the demand, creating such competition that the "publican" cannot afford to refuse credit, and must please his customer by giving him liquor at all hours. That the hours of opening and closing public houses appear to have been adopted to supply the cravings of the "inebriate" rather than the wants of the temperate consumer. For I hold that under no possible circumstance is it necessary or beneficial for a healthy person to drink before his dinner-hour; on the contrary, when the appetite craves the stimulus in the morning, the subject is on the road to ruin. Should he be ill, let him obtain it, like other medicine, from an apothecary. If restrictive laws are necessary for the abatement of the evil—and who can deny it?—the law should be framed so as to meet the object aimed at, instead, as at present, of holding out an inducement and a temptation to the unfortu-

nate victim to indulge his appetite. At the risk of being considered "Utopian," I do not hesitate to urge that *no liquor should be sold for consumption on the premises at an earlier hour than two o'clock in the day, and then only accompanied with food.* And, indeed, I might go further, and urge that it be not sold for consumption on the premises *at any time* without food. It may be argued that he would pay for the food, but not eat it. True; but the expense of the performance would have its influence upon the amount of liquor consumed by him. Stand-up drinking-bars are the curse of the community, and intoxicating drinks should not be sold at grocers' shops. Medical treatment has little effect upon the drunkard while he has the ability to indulge his appetitite. But how the law should deal with him is a question of great difficulty. The liberty of the subject must be guarded, and the community justly claim protection from the violence of his acts. There are two classes of "inebriates"—those who voluntarily get drunk, possessing the power to resist, and those who are so far lost that their voluntary power is destroyed. The first should be treated as misdemeanants, the last as maniacs. The voluntary drunkard should be severely punished,—not by fine, which too often deprives his unfortunate family of food, but by imprisonment with hard labour. The involuntary drunkard, if I may so term him, should be *kept in restraint for a period sufficiently long to cure his malady;* how long that should be must depend upon the judgment of those in charge of him. While he may be classed as a lunatic, he is not, strictly speaking, insane. The man who drinks gets sober when the drink is eliminated. The insane man does not recover by such a process. But by continued abstinence the drunkard very often regains the power of self-control, which he cannot accomplish if left without restraint. Hence the imperative necessity for legislative action giving power to confine such persons. Did such power exist it would have a restraining influence, and give the unfortunate victim a chance of permanent reformation. Voluntary drunkenness is easily defined, but the difficulty of the subject lies in the ability to define what constitutes involuntary drunkenness. There are

many shades of drunkenness. At what point is the will so destroyed as to justify restraint? This can only be learned by the history and surroundings of each individual case. And I hold that no individual should be incarcerated without a careful examination and report upon his case by, at least, three disinterested jurors, which report should be on file as a guard against improper restriction.

While I do not pretend to have exhausted this subject, I must close my paper, already I fear too long, with an appeal to all who hear me, and may say to my professional brethren who do not hear me, in favor of *temperance in the use of alcoholic drinks*. And if anything I have said has the effect of enlisting your interest in the cause, I shall feel that I have not urged in vain.

And now, gentlemen, the time has arrived when I should surrender this seat into your hands, in order that you may bestow it upon another. The seat is one that every member should aspire to hold, for it is a guarantee that the occupant possesses the confidence and good will of his confreres, without which success in our noble calling cannot be obtained. And when vacating this chair let me in all sincerity thank you for the kindness and urbanity that has been universally extended towards me, and what is more pleasing to observe, may I say towards each other, for I cannot call to mind that upon any one occasion has an unkind or offensive expression fallen from the lips of any one member towards another, proving as it clearly does, that associations of this kind, educate not only the mind, but the heart and produce a brotherly love among its members.

EMPYEMA AND ITS TREATMENT BY VALVULAR DRAINAGE.

By A. M. PHELPS, M.D., of Chatbaugay, N. Y.

(*Read before the Medico-Chirurgical Society of Montreal.*)

Mr. President and Gentlemen of the Society,—During a visit to Montreal last winter I had the pleasure of presenting to some of the surgeons of your city an aspirator and needle which I had devised for the purpose of facilitating the operation of aspiration when the effusion is thick or laden with flakes of fibrin, and

also to wash and clean abscess cavities. Through the courtesy of your President, Dr. Hingston, I am enabled to meet with you this evening, and to offer a few thoughts upon "Empyema and its treatment by valvular drainage," exhibiting the aspirator and one other instrument.

It is very difficult to adopt a plan of treatment in empyema from published statistics, as they are so mixed up with cases that should not be classified with the disease, and then the apparent routine methods followed by some authors, leaves the student upon a vast sea of statistics without compass or sail, blown hither and thither wherever the storms of authoritative opinion may drift him, and often dashing his bark to atoms upon some unforeseen rock of experience. These facts were the incentive that led to the reading of a paper before the Medical Association of Northern New York in November, 1878, and subsequently at Albany before the New York State Medical Society, Feb. 3rd, 1880, upon "The treatment of Empyema by valvular drainage," in which I attempted to set forth and establish certain fixed principles that should govern all operative interference in these cases, and which I will attempt to explain and extend upon this evening. The varieties of empyema should be classified according to their complications and the causes that produce them, and a plan of treatment instituted accordingly. This would afford the advocates of specific operations an opportunity to furnish statistics that would be not only of great interest to the profession, but would enable them to judge of the relative merits of the respective plans. For convenience, I would suggest the classification to be into (1st) free or uncomplicated, (2nd) complicated, and (3rd) consequential.

A free or uncomplicated empyema is an accumulation of pus in the pleural cavity, the result of a purulent pleuritis, changes in serous effusion, or a pleuro-pneumonia, and not multilocular.

A complicated empyema may be multilocular, encysted or due to foreign bodies carried into the cavity by gunshot wounds and other traumatic causes. Phthisis pulmonalis, caseous pneumonia and diseases of other organs may occur in the course of empyema, even making a serious if not a fatal complication.

A consequential empyema may follow in the course of some incurable disease like tubercular pleuritis or caseous pneumonia, or may be due to an abscess bursting into the pleural cavity, or the result of some specific disease, and from the nature of the causes producing it, would almost certainly prove fatal under any plan of treatment whatever. These are the cases that should be excluded from statistics in judging of the efficacy of a particular plan of treatment.

Now, if we have succeeded in classifying empyema into free, complicated and consequential, and understandingly defined each, we will now proceed to the discussion of the treatment of each. In glancing at our literature upon the subject, the discussion or proposal of a plan of treatment would at first sight seem to be entirely superfluous. We find there specific operations recommended, and cases cited to substantiate the particular plan. This at once captivates the reader, until he makes the application in some case and meets with a signal failure. Why? Because the case has not been dealt with upon valid principles. Our ideas have been absorbed in the operation and the results quoted to sustain it. In reviewing the journals for 1880–81, I find there proposed the following plans of treatment: Fraentzel's method of free incision and aspiration; respiratory irrigation; repeated aspiration; resection of ribs; Chassaignac's operation; spraying the cavity with a Lister apparatus; and, finally, by double puncture and valvular drainage by your humble servant. What is to be done with this complicity of plans? We should, I think, classify empyema, and establish, if possible, a first principle to govern the treatment of all cases, and make every proposed operation bend to it precisely as extension is recognized, at least in the United States, as the fundamental principle in the treatment of fracture of the long bones. The profession are willing, I think, to accept the fact that before an abscess heals in any part of the body, its cavity must be obliterated by the approximation of the two surfaces either by granulation and gradual contraction, or by primary union. Since Mr. Lister has given to the profession his "antiseptic theory," we now Callender our abscesses under the spray, apply a compress, and the result

is usually the obliteration of the abscess cavity by primary union. Can we not learn, for the treatment of empyema, an important lesson from this? I think we can. The abscess has not been cured by the draining and dressing, but by these means; the cavity has been put in a condition favorable for its obliteration, and nature, now uninfluenced by germs of infection or accumulating secretions, does her work faithfully and well. Would we not then be justified in recognizing, as the first principle in the treatment of empyema, the fundamental principle upon which all treatment should be based—the obliteration of the abscess cavity by the approximation of the pleural surface? I think we would. We then establish precisely, as extension is acknowledged to be a fixed first principle in the treatment of fractures of the long bones, as our first principle in the treatment of empyema—the obliteration of the abscess cavity by the approximation and union of the pleural surfaces, remembering that every inch of lung expansion diminishes the pus-secreting surfaces. As in fractures, we would adjust our splints and adhesive plasters to apply the principle of extension; so in empyema, we should use means to approximate the pleural surfaces, and by their union obliterate the cavity. The means at once suggest themselves—1st, Empty the cavity of its contents at once to prevent the permanent collapse of the lung, and establish a perfect drainage. 2nd, Thoroughly wash and disinfect it. 3rd, Empty the cavity of its air. How? Any way possible, only empty it. I will try and explain directly how it can be done.

A fourth important aid is to compress the affected side with long strips of adhesive plaster, encircling two thirds the circumference of the chest, following as near as possible the course of the intercostal muscles. Abscesses in soft parts collapse after emptying them and thereby the surfaces are approximated, but an empyema has for one of its boundaries a rigid chest wall and the approximation of the pleural surfaces must take place by the soft parts advancing towards the chest wall by the expansion of the lung. This process cannot take place if the cavity is filled with pus, serum or air. The abscess must be not only emptied of its fluid contents but of the air also as it prevents

the expansion of the lung. The air cannot all be withdrawn if the lung is incapable of expansion, but enough should be withdrawn to keep up not an intermittent but a constant pulling upon the lung, by the vacuum produced, if I may be allowed the use of common parlance. When the lung ceases to expand and the condition of the patient will warrant it, the ribs may be resected and the chest wall pressed inward to obliterate cavity. Let us now make the application of the principles to the treatment of free or uncomplicated empyema. If the empyema is recent the pleura is probably in a healthy condition excepting where inflamed. If the abscess is small and the condition of the patient indicates a subsidence of the acute inflammation, repeated aspiration might be resorted to from one to three times a day, or *as often as any accumulation of pus may take place.* This will obliterate the cavity and if union takes place between the pleural surfaces a cure is effected. This manner of aspirating might be termed *drainage by aspiration* and is the only manner in which it should ever be applied in empyema If the pus is fœtid, the cavity may be carefully washed and disinfected by injecting and withdrawing warm Condy's fluid or carbolated water, one part to eighty.

To facilitate the operation and to aspirate effusion loaded with flakes of fibrin, I devised this aspirator and needle which is a modification of Potain's for the same purpose. (*See Fig.* 1.) If the empyema is of long duration, the entire pleura, which has been bathed with pus, becomes thickened and changed to a pus secreting surface, or may become gangrenous and inclined to slough or ulcerate in places. The collapsed lung may be bound down by bands of organized material. If the operation is deferred, the pus may burrow through the pleura into the lung or externally. A case of this kind should never be aspirated, but proceed at once upon the general principles laid down in this paper, keeping in view the fact that we are aiming at the *obliteration of a pus-secreting cavity by the expansion of the lung and falling in of the chest wall, one or both.* The first step is to empty the cavity and establish a thorough drainage ; the point selected should be at the bottom of the pleural cavity, which is

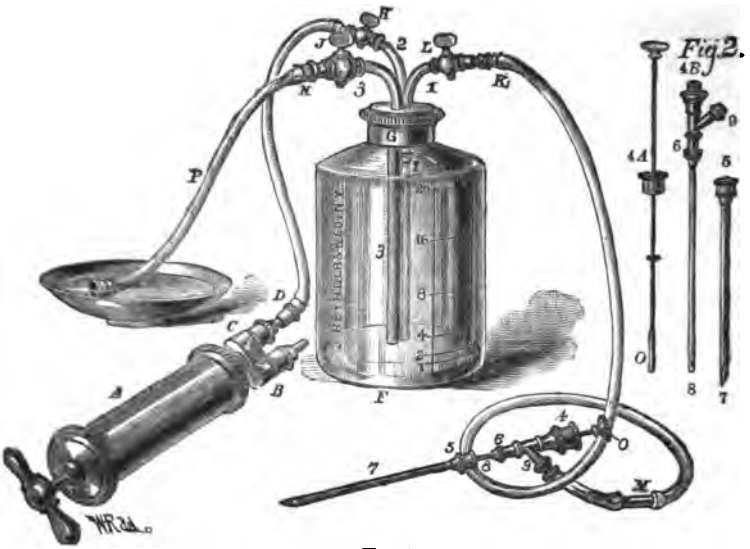

Fig 1.

Description of Aspirator.—When an aspiration is to be made—the stop-cocks D and J—should be closed, the pump attached to the tubing (D) at the end designated with the backward pointing arrow—showing that through it the air passes into the pump. The pump upon being worked will produce a vacuum in the receiver (F). When this is achieved the stop-cock (H) should be closed and (L) opened after the needle has been introduced. As soon as the bottle is filled it can be emptied by attaching the pump at its end (B), closing the stop-cock (L) and opening (J and H). Upon working the pump the contents of the receiver will pass out through (P). By reversing this procedure an injection can be made without disturbing the screw cap (G) of the receiver; the reservoir being filled through (P) and emptied through (K) into the abscess. The needle is a combination of principles, some of which are found in other needles. It consists of three parts as seen in fig. 2. The part (7) is slid over and (O) slid into the canula (8) the aspirator being attached to the lateral tube (9) —(7) is the cutting needle furnished with a rubber packing at (5), being shorter than (8) after its introduction (8) is pushed forward through it and the joint is protected. The obturator is to dislodge obstruction in the needle during aspiration and passes through a tight rubber packing at (4). During aspiration it is drawn out beyond the lateral tube (9). Codman & Shurtleff of Boston, manufactured a needle with the same obturator, but the needle is introduced by means of an ordinary trocar. The needle attached to the tube (K) shows it ready for operation. In aspirating pus and effusion loaded with flakes of fibrin I have not been disappointed in its use.

between the 9th and 10th ribs, on a line drawn down from the angle of the scapula. (*See Fig.* 2.) The second step is to

(Fig. 2.)

thoroughly wash and disinfect the cavity. This can be done by making a counter puncture between the 6th and 7th ribs, in front, external to the nipple, introducing a rubber tube made fast to the chest with a string and adhesive plaster. (*See Fig.* 2.) With a rubber tube and funnel, a current of water can be passed through the cavity, following the attachment of the diaphragm to the ribs, at which point all the residual pus has gravitated without the danger of tearing up new adhesions, which is likely to occur from injecting, when but a single opening has been made into the pleural cavity. The third step is to empty the cavity of its air. This can be done by means of the valve drainage-tube (*see Fig.* 3), which is introduced with the trocar, and held fast to the chest by laying strips of adhesive plaster over the rubber plate, as seen in *Fig.* 2. The valve (V—*Fig.* 3) will allow the fluid and air to pass out upon expiration, and by closing

prevent air from entering upon inspiration; by this means the lung will be pulled upon, if I may be allowed the expression,

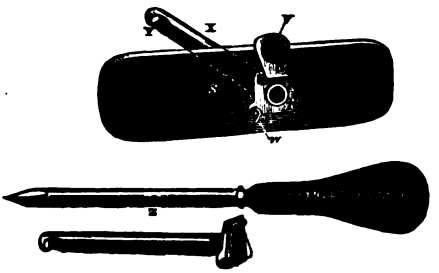

FIG. 3.

Drainage-tube, trocar and rubber plate; S, rubber plate perforated by drainage-tube T; U, soft-rubber valve open; X, drainage tube; Y, opening in same; R, trocar. Below tube is shown with valve closed.

and by its expansion, obliterate the abscess cavity. To illustrate the principle more fully, Fig. 4 is a glass jar, partly filled with

Fig. 4.

fluid, in which has been placed the valve drainage-tube, rubber tube and funnel. Over the top of the jar is tied a piece of elastic

rubber tissue. As the hand is pressed downward into the jar, the fluid rushes out through the valve drainage-tube; when the hand is removed, the elasticity of the rubber, which represents the elastic lung, closes the valve and prevents the admission of air to the jar. The rubber held down by the vacuum produced remains quietly in contact with the glass. This is precisely what takes place when the pleural cavity is emptied of its air and pus by means of the valve drainage-tube. Water poured into the funnel will escape through the drainage-tube as fast as it enters the jar, thus permitting the rubber to remain at rest.

Atmospheric pressure amounts to 15 lbs. to the square inch exerted in all directions, this is an important assistant in promoting the expansion of the lung and can only be exerted when the cavity is emptied of its air and fluid. The valve drainage tube shonld penetrate the cavity about half an inch and can be extemporized by a jeweler from an ordinary trocar and canula and leather substituted for the rubber plate, (S—*Fig.* 3.) A rubber condum or bag can be tied over the end of the tube, made fast to the chest by strips of adhesive plaster (*See Fig.* 2.) This will catch the discharge, and enable the patient to be about with his clothes on and do away with the filth attending these cases. The chest should now be strapped.

In multilocular empyema the radical operation between the 5th and 6th ribs in front of the axillary line should be performed. This would enable us to break down the bands of new tissue and liberate the sacks of pus, removing them if possible, as by their contraction they help to deform the chest. I would then introduce the valve drainage tube in the back and close the incision, retaining the tube for washing purposes. This plan should be instituted when foreign bodies have been carried into the pleural cavity from traumatic causes, requiring their removal. But I think that it should never be performed in other cases as it entirely loses sight of the all important principle, the obliteration of the cavity by the expansion of the lung and the approximation of the pleural surfaces. Air must be allowed to freely pass in and out through the large incision.

In consequential empyema, I should introduce the valve

drainage at the lowest part of the pleural cavity, and keep it as thoroughly cleansed as possible by injecting through it. The object should be to avoid punishing the patient as much as possible, as death is probably the inevitable result. The operation of free drainage or the radical operation so called should not be performed in simple empyema for the following reasons, 1st The fundamental principle governing the treatment of empyema can better be applied by other plans with less punishment to the patient. 2nd It fails to apply one of the most important of them all, viz. the obliteration of the cavity by the approximation of the pleural surfaces. 3rd It does not furnish so large a percentage of recoveries as from Dr. Bowditch's operation of simple drainage in the 9th interspace with a piece of rubber tube. 5th, It furnishes upon autopsy a large percentage of deaths from exhaustion without complications, and deaths with complications than from the treatment by simple drainage.

Dr. Wm. Cheeseman of Bellevue Hospital, in his report of twelve cases in the *New York Medical Record*, with seven deaths, says: "In considering these results, we are not led to regard incision for empyema as one of the triumphs of surgery. *Ziemssen's Cyclopædia*, American edition, Vol. IV, page 724, Moutard-Martin gives, in 17 cases, 5 deaths, 5 fistulæ and 7 recoveries; nothing is said as to the deformity of the chest in these cases. Page 722, Fraentzel's 11 cases gives, under the spray, complete recovery in 5, 1 fistula and 5 deaths. A thoracic fistula is usually caused by the non-union of the pleural surfaces, leaving a cavity, or the drawing up of pus behind some band of adhesion or some organic disease of the pleura or lung. The deformity of the chest will depend upon the expansibility of the lung, and the expansion will usually depend upon the length of time it has been collapsed, the bands of organic material upon its surface, and the perfect appreciation of the fundamental principles laid down in this paper.

With an apology for occupying so much of your valuable time, and thanking you, gentlemen, for your patient indulgence, allow me again to express to you my gratitude for the courtesy shown me by the Society, through your President, Dr. Hingston.

BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women; Physician to the Out-Patient Department, Montreal General Hospital.

Etiology and treatment of Lacerations of the Cervix Uteri.—In a paper on this subject, in the *British Medical Journal* for 14th and 21st May last., Dr. Montrose Pallen, of New York states his present belief to be that the causes promoting laceration are more frequently dependent upon slow and tedious labours than the opposite variety. This is in opposition to the views formerly held by Dr. Pallen. "A careful clinical study of numerous cases, where each successive stage of labour was noted with accuracy, as well as the histories of very many more, convinces me that retarded, tedious and laborious labours, in fully 85 per cent, develop conditions which become undoubted factors in the production of the lesion." That the same conditions not unfrequently lead to perineal laceration would appear to be proved by the undoubted fact that laceration of the cervix, to any extent is rarely unaccompanied by a similar injury to the perineum, although Dr. Pallen asserts that he rarely has seen the latter without the former. In rapid energetic contractions, when the placenta is implanted on either side of the uterus, but which usually induces tedious labour, by diminishing the force of contraction and thereby awakening a sigmoid curve of expulsive force, one can understand how the effort of expulsion is diverted from the centre of the pelvic planes, with the formation of a folding of one of the cervical segments over the parietal boss. A rupture of tissue at this point ensues, because it is directly below the line of expulsive force, which should normally correspond with the lumen of the canal, and the centre of the external os; and undoubtedly the laceration begins in the cervical tissue to extend towards the os; whereas in those conditions of tedious, retarded or laborious labour, the rent commences at the oral circumference and travels upwards to the uterine texture. Rupture is

especially apt to take place if from any cause whatever, the symmetry of contraction be diverted into lines of expulsion away from the centre of exit, and the head be driven anteriorly, laterally or posteriorly, to form a capsule of the cervical segment. This leads to the production of congestion, ecchymosis, œdema and actual bruising of tissue. The elasticity and distensibility of the cervix are thus impaired. A most common cause of rupture is the scleremic condition of cervix, which follows the hyperplasia resulting from congestion and inflammation. The minute changes are shrinkage, atrophy and induration of connective tissue, with agglutination of muscular striæ. The whole substance is thus rendered friable, inelastic and hard. In these conditions the indication is to hasten labour by hydrostatic dilatation and version or forceps, and this, notwithstanding the fact that incautious delivery by those means may lead to laceration of the cervix. How is the accident to be recognized? It cannot positively be detected till the child's head is delivered. Then it is to be suspected if the child's head and mother's vulva suddenly become bathed in blood. Hemorrhage is the chief symptom. It may be fatal if it persist. It is necessary to examine with the finger and if still in doubt by the Sims speculum, the patient being in the proper position. The bleeding point may then be discovered and tamponing resorted to if the hemorrhage be sufficiently alarming, or immediate adaptation of the edges with wire sutures. There is much to be said in favor of the latter course in all cervical lacerations. Hemorrhage is checked, and if the edges are well fitted together, and the wires twisted tight enough and the formation of suppurative foci thus prevented, septicæmia can scarcely occur, as commonly primary union takes place and no raw surfaces are left for the absorption of septic material from the lochial discharge. Again the woman utilizes her lying-in period to facilitate union by her quiescence. She is thereby saved a future operation, attended with a certain amount of danger. An important point in the details of passing the sutures is to remember that involution is inevitable, that we have an exaggerated surface on which to operate, and that in the process of healing we must anticipate a marked degree of

contraction. The wires ought therefore to be passed fully one half-inch from the torn margin and when ready to be removed, usually not less than fifteen days after insertion, they will be separated scarcely more than one line. As accurate coaptation as possible of the edges by a sufficient number of sutures must be secured. The wound must be examined from time to time by the Sim's speculum and the sutures tightened if necessary. The after treatment consists in carbolized or thymolized tepid water vaginal injections every few hours, for some days. In the course of his remarks Dr. Pallen takes occasion to allude to the remarkable results obtained at the New York Maternity Hospital, by the system of washing out the vagina immediately after delivery and every six hours subsequently. Twelve hundred patients are confined annually in this institution. During the five months preceding July 1st, 1880, there was not a single death, no tendency to puerperal epidemics, and but very few cases of high temperature.

The latter part of Dr. Pallen's paper is devoted to a consideration of unhealed lacerations, their results and treatment, but as there is nothing specially new I pass it by. Dr. Pallen deserves much credit for thus forcibly drawing attention to the importance and practicibility of immediate attempts at reparation of lacerations of the cervix. I believe the time is not far distant when every competent accoucheur will carefully examine for such injuries and if found to be present will put in force the appropriate treatment.

Peri-Uterine Adenitis.—Every practitioner who devotes even a moderate amount of attention to the diseases of the female sexual system, will admit that cases are not rare in which, while the objective symptoms or signs of uterine disease—such as leucorrhœa, congestion, redness, and granular conditions of the cervix, are after patient perseverance in treatment removed, the subjective evidences on the part of the patient, hypogastric and lumbar pain, and other painful and unpleasant sensations, persist. Dr. Courty, author of a paper with the title here given, in the April number of the *Annales de Gynecologie* of the present year, believes that he has discovered the cause of this, in

a certain number of such cases, to be inflammation of certain lymphatic glands, situated in the cellular tissue between the laminæ of the broad ligament. In support of his opinions, M. Courty alludes to the frequent discovery of pus in the lymphatic system, (glands and vessels), of women dying of puerperal fever, as showing that such inflammation does occur. The symptoms, as compared with those of the metritis, which it outlasts, are more circumscribed character of pain; situated more deeply in the pelvis; commonly one-sided, most frequently on the right, on the posterior wall of the pelvis, close to the sacrum or coccyx; shooting to the anus; excited or increased by standing or sitting, by coitus, by the use of the Sim's speculum or the posterior blade of a bivalve speculum; and, finally, that this pain does not extend so much to the lumbar region, still less to the epigastrium, and that it is unattended by any of the reflex phenomena, such as loss of appetite, dyspepsia, nausea,etc. which simulate early pregnancy, and are so characteristic of uterine congestion, metritis or retroversion. In cases where such symptoms are present, careful digital examination will detect no uterine or general peri-uterine tenderness, but behind the uterus or along its borders will usually be found one to three little bodies, varying in size from a pea to a hazel-nut, in form somewhat rounded, but uneven or irregular, and so intensely tender to touch, as to elicit complaints of pain or very slight pressure. The only two conditions from which peri-uterine adenitis requires to be distinguished are prolapsus of the ovaries and other forms of peri-uterine inflammation. The prolapsed ovary is larger and smoother, glides away from touch easily by pressure with the finger, unless adherent, when the difficulties of diagnosis would be much increased. Peri-uterine inflammation, cellulitis or peritonitis, fixes the uterus more or less, forms a tumour about the organ on one or other side, or posteriorly, or surrounds it. In the stage of resolution when the phlegmasia has almost disappeared, traces remain in the shape of fibrous tracts and false membranes impeding the mobility of the uterus and more or less numerous nodules of indurated cellular tissue, always more numerous and much less sensitive

than the inflamed lymphatic glands which constitute the disease under consideration.

The treatment is antiphlogistic and resolvent. The necessity for patience and perseverance will be apparent when we reflect how tedious glandular inflammations are elsewhere. M. Courty advocates alkaline baths, hot water injections, and mercurial ointment with belladonna applied over the abdomen. If leucorrhœa exist, a little carbolic acid, coal tar, &c., should be added to the water used for vaginal injection. Actual vaginitis may require linseed tea, starch, marsh mallow, or bran-water injections. The ointment spoken of consists of 100 parts blue ointment to 5 parts of extract of belladonna, which is thickly spread on a compress of linen large enough to cover the lower part of the abdomen. Over this is laid a layer of carded cotton, and finally the whole is covered with oil silk or gutta-percha tissue. This dressing is kept in position by a pair of knitted bathing-drawers. It is kept on night and day, a little more ointment being spread each day on the same piece of linen. During this treatment M. Courty asserts that mercurial stomatitis may be absolutely prevented by careful cleansing of the teeth, mouth, gums and throat with a saturated solution chlorate of potass after each meal. An important part of the treatment consists in securing regular action of the bowels by saline laxatives. In the later stages iodide of potass is useful, and, commonly, also tonics, as iron and quinine, and change of air. In tedious cases, water-cure treatment is often useful.

A New Idea in the Treatment of Vaginitis.—The treatment of vaginitis by the ordinary methods is so often unsatisfactory that any hint will, doubtless, be gratefully received. Drs. Terillon and Auvard, *internes* at the Hôpital Lourçine, Paris, have recently adopted the following method. An ointment or pomade is prepared after the following formula:—

Vaseline	150	parts.
Starch	150	"
Tannin	50	"

This has the consistency of a thick paste, and is introduced by a specially contrived instrument, which consists of a reservoir,

having attached to it a tube 10 centimetres long, with its end obliquely cut off, and the edges carefully rounded and made smooth. The reservoir is fitted with a lid or cover, perforated to allow the passage of the rod of a piston, whereby the ointment is forced through the tube in the form of a cylinder, about one centimetre in diameter. The instrument is made by MM. Matthieu of Paris. The principal advantage consists in the possibility of introducing the medicament easily and almost painlessly, even in the acute stages of the disease, to the fundus of the vagina. The consistence of the ointment is such that it is rarely necessary to tampon the vagina to retain it, and on examination several days afterwards it will often be found in the vagina producing its beneficial effects without causing irritation. The great advantage of infrequent dressings is thus secured.

Experience of this method of treatment in the hands of the gentlemen who have invented it, proves that it is rapidly efficacious.—*Annales de Gynecolagie*, from the *Bulletin de Therapeutique.*

Recent improvements in the mode of removing Uterine Tumours.—The question of removing uterine tumours presents at the present day a very different aspect to that of fifteen years ago. In 1863 Mr. Spencer Wells' experience of four cases led him to the conclusion " that it would only be under most unusual circumstances that I would again remove an interstitial fibrous tumour of the uterus; a peritoneal growth, or an ingrowth towards the uterine cavity and vagina, offering in my opinion, far more probabability of successful removal than an interstitial tumour." Ten years later in 1873, further experience led Mr. Wells to say that, " when a uterine tumour is pedunculate or can be separated from the principal part of the uterus, or when the whole of the fundus and body of the uterus, with or without the ovaries can be removed, leaving the cervix and its vaginal attachments uninjured, the operative question is a different one, and recent experience is leading to a more encouraging view of the surgical treatment in such cases." Previous to July, 1878, Mr. Wells had treated forty-five cases of uterine tumour by operation, through the abdominal wall.

During the two next years he adopted two important modifications in the operative procedure: first, the more complete use of antiseptic precautions, and secondly, the union by suture of the peritoneal edges of the divided uterine wall. He also contrived better pressure forceps for securing divided blood vessels before tying. A few cases which were removed with attention to these points during the operation are reported. In concluding his paper Mr. Wells expresses his hopefulness that, by the use of the improved pressure-forceps, the arrest of hemorrhage will be much more easily effected than hitherto; that suture of the uterine wall will obviate largely the possibility so much dreaded by all operators in abdominal surgery, of admission of fluids from wounded muscle, fat and cellular tissue to the peritoneal cavity; and that by careful attention to all needful antiseptic precautions, the removal of uterine tumours may now be undertaken with a far more confident expectation of a successful result than could have been reasonably entertained a few years ago.

The value of the Decidua Cell as an evidence of Pregnancy.—Those conversant with recent histological work will remember Wyder's researches in this line. The great care and ability with which they were conducted entitle them to much respect. It will be remembered that his conclusions were to the effect that by the characters of the epithelial cells of the uterine glands and by conditions of the intra-glandular tissue the question of pregnancy in doubtful cases could be determined. From a medico-legal point of view the importance of these statements is obvious. Wyder asserted that the mucosa menstrualis contains cells of 0.005 to 0.008 measurement. They are small, round and quite filled with a nucleus. The cells of the decidua are large, 0.02 to 0.05 with a well developed protoplasm in proportion to the large nucleus. Dr. Carl Ruge, of Schroeder's clinic at Berlin, while admitting that in general Wyder's statements are correct, yet asserts that there is nothing quite peculiar to, or absolutely distinctive in the size of the cells and their nucleus, in the development of the protoplasm, in the way in which it is affected by staining fluids, or in the relations to surrounding structures.

Ruge cites several instances of endometritis complicating metritis, endometritis complicating myoma and dysmenorrhœa, which he examined and found the microscopic characters of the membrane to be exactly those of decidua vera as laid down by Wyder. He therefore coucludes that the so-called decidua cells are not characteristic of pregnancy.

LARGE ABSCESS UNDER THE TEMPORAL FASCIA, WITH EXTENSIVE DISEASE OF BONE.

RECOVERY WITHOUT EXFOLIATION.

By FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S., Eng.
Surgeon to the Out-Door Department of the Montreal General Hospital, Demonstrator of Anatomy, McGill University, &c.

(*A Paper read before the McGill Medical Society, June 23, 1881.*)

My attention was directed a few weeks ago to a paper in the *London Lancet* by Mr. Henry Morris, headed "Abscesses connected with bone, treated with and without Lister's method," in which the author holds that the apostles of Lister attribute successful results too much to the various details of the special treatment employed and too little to nature. This is especially so when they affirm, as two well known and able men did in commenting on the favorable results of a case of abscess connected with bone treated by Lister's method: "Had the abscess been opened without antiseptic precautions, prolonged fœtid suppuration and exfoliation *must* have resulted." Mr. Morris, in support of his assertion, quotes a case of a large abscess connected with bare bone which was cured without exfoliation and without Listerian treatment.

Feeling the justice of his remarks, I am tempted to place on record a case which was under my care a year ago, which also recovered without bony exfoliation and without Listerian precautions.

Case.—Susannah S—, a delicate child, aged five years, came to the Montreal General Hospital, April 19th, 1880, suffering from a large abscess of the head. The tumor formed by the abscess was nearly half the size of the child's head, and extended

from the right mastoid process to past the middle of the frontal bone. There was great bulging of the temporal muscle above the zygoma, and the ear of the affected side stood out at right angles to the head. The glands of the neck, especially those behind the sterno-mastoid muscle, were much enlarged. On examining the ears, she was found to be suffering from a purulent otitis media. The child was in a miserably weak and cachectic condition, and had some elevation of temperature, with rapid pulse. The mother said she had been failing rapidly the last week. Two months ago she had scarlet fever; this was followed by numbers of small abscesses in the neck and head. Some two weeks after the fever she had a running from the ears, which has continued to the present time. About a month ago a swelling an inch above the middle of the right zygoma was noticed; this swelling gradually increased and extended until it presented the appearances described above. The child's health failed as the abscess increased.

This abscess was opened freely in the most dependent part, behind the ear, and a quantity of pus was evacuated. The abscess cavity was between the bone and pericranium, and on passing in a probe, bare bone was felt for several inches in every direction. The tissues of the scalp were very œdematous, and consequently much thickened, so that the abscess looked larger than it really was. A large drainage tube was introduced, and the opening dressed with water-dressing; a bandage was then carefully applied, so that the pressure over the abscess should be firm and even, and the child was ordered to take ℥ xv. of the Syr. Ferri Iodidi three times a day in water. In three days the child returned, looking much better; the swelling was now confined to the temporal fossa and mastoid process. The abscess discharged freely. I removed the tube, put in a shorter one, and dressed as before. For nearly a month the abscess remained in much the same condition, and smooth, bare bone could be easily felt in all directions. After this the bone became rough, and granulations began to spring up over it; evidently the scale of dead bone was being removed by absorption.

On June 14th the abscess was found not to be discharging

freely, and on examination a collection of pus was seen to exist about two inches above the external angular process. An incision was made and the pus let out, and the two openings (the old and the new) were connected by a drainage-tube; the bone under this collection of pus was quite bare, and was white and smooth. The head was dressed as before. From this time the child progressed favorably.

On July 18th I made the following note: Child continuing to improve; swelling much reduced, and ear gradually resuming its normal position. No bare bone can now be felt through lower opening; through the upper opening dead bone can still be felt, but it is rough, and has not the white, smooth appearance it had two weeks ago. Removed the drainage tube.

On August 19th a small scale of bone, size of a millet seed, came away from the upper opening; lower opening had ceased discharging, and was closed. Glands of neck, which hitherto had been much enlarged, were now rapidly diminishing in size. Bare bone was still felt through upper opening, which discharged pretty freely.

When last seen, on September 7th, the child was quite well; swelling had entirely subsided, and upper opening had healed without any of the bare bone coming away. The ears, however, discharged freely, and a polyp was seen in left ear. Her general health seemed to be quite re-established.

Remarks.—The good results in this case were no doubt due to the thorough drainage which was kept up and the firm and careful bandaging. But I have brought this case before you principally to show you that favorable terminations of serious cases do occur without that high ritual of Listerism which many of you in the future will be unable to carry out. The fact that so large a surface of bare bone should become healthy without exfoliation is interesting. The original cause of the abscess was no doubt the otitis media, which was in its turn consequent on the scarlet fever. Had I another case of abscess under the temporal fascia, I should be inclined to carry out the late Mr. Hilton's suggestion of making an opening into the mouth through the temporal fossa, and so draining from the lowest point; no doubt, had this been done, convalescence would have been hastened.

Correspondence.

To the Editor of the CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—I was very sorry to see the communication relative to an overcharge on the part of a druggist in your last number, because I think the physician making the complaint should have gone direct to the druggist, and have asked an explanation. That it was an error, either on the part of the clerk who made the charge, or on that of the patient who made the complaint, is quite evident, for no druggist would ever dream of charging 60 cents for six plumbi acetat. pills.

The prices which obtain in this city are, generally speaking, as follows:—8 oz. mixtures, 50c.; 6 oz. mixtures, 40c., and so on. Ordinary pills, 25c. per box of one or two dozen. Ointments (compound), including covered pots, 1 oz., 25c.; 1½ oz., 30c.; 2 oz., 35c.; suppositories, 50c. per dozen. Wyeth's Elixirs, of course, cost the patient a little more than ordinary mixtures, some of them being expensive, and the prescriber very seldom diluting them, which he might readily do, and thus reduce the price to the patient. Some of the coated pills are dear, for instance, Pil. Neuralgic, Dr. Gross' formula, and are charged accordingly. Quinine mixtures, when the quantity of quinine is large, and eserine or atropial eye-lotions, &c., have to be charged at special rates. The prices charged in Montreal for dispensing prescriptions are, as a rule, more reasonable than in any of the cities in the United States. It should be borne in mind that an old established pharmacy can always command higher prices than a newly opened one without as yet an established reputation. The same rule holds good in the medical, legal and notarial professions.

The remedies suggested by your correspondent for the prevention of exorbitant prices, I am bound to say, are very far-fetched indeed: Dispensing one's own medicine, discussion at the Medico-Chirurgical, and opening a co-operative dispensing counter. The first is absurd, except for those physicians who desire to lose caste; the second would lead to nothing, besides

there are many much more important subjects requiring discussion at the Society's meetings. The co-operative drug store is luckily, in the interests of the public, prevented by the provisions of the Pharmacy Act, and if it were not, does your correspondent think that clerks would be any more painstaking when working for a company than for an individual?

The remedy I would suggest is a better feeling between the physician and the pharmacist. Let the former learn to treat the latter with a little more forbearance, and when a slight mistake does occur, which, for the honor of scientific pharmacy, I am proud to say is exceedingly rare, let him remember that we are all mortal and liable to error. To the pharmacist I would say, do your duty uncomplainingly and cheerfully, and always bear in mind that you have the physician's reputation in your hands as well as your own. *Suum cuique.*

Truly yours,

"CHEMICUS."

MONTREAL, May 28, 1881.

[NOTE.—By a delay in transmission the above letter did not reach us in time for the June Number. We cheerfully give it insertion, for, in matters of this kind, it should always be, *audi alteram partem.*—ED.]

Reviews and Notices of Books.

Lectures on Diseases of the Nervous System, especially in Women.—By S. WEIR MITCHELL, M.D., Member of the National Academy of Sciences, Physician to the Orthopædic Hospital and Infirmary for Diseases of the Nervous System, etc. With five plates. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

This work consists of 13 lectures delivered by Dr. Weir Mitchell, on several of the forms of neurotic disorder, which are especially observed in the female sex. Some of the well-known types of disease are studied, but there are also introduced a number of peculiar nervous disturbances, to which but little

attention has yet been directed. The author's observations are thoroughly original, and furnish us with the results of the careful study of one of the best American neurologists. The lectures are written in a keen and logical manner, and withal with an elegance of style and diction which renders them quite pleasant reading. As we should expect, the protean malady, hysteria, occupies the largest share of attention. Dr. Mitchell naturally speaks of the disgust with which general practitioners undertake the management of the subjects of this unmanageable complaint, and how, from this cause, its symptoms and associations are not always studied with the care which leads to success. Hysterical Paralyses are well treated of and illustrated, also several of the forms of nervous mimicry. The chapter on hysterical aphonia is interesting, from containing an explanation of the separate varieties of this vocal derangement which are met with. "We have, first, bilateral palsy of the adductors of the vocal cords; second, disassociation of the various organs needed in phonation; third, habitual spasm, or sense of spasm, during use of the larynx during speech." Concerning the second variety, of which we have seen some marked examples, the author says, "I can give no explanation of the immediate causes of these singular inco-ordinations." On the subject of chorea, there are some interesting studies of Dr. Weir Mitchell upon the climatic relations of this disease, and also upon the degree in which it attacks the colored races. With reference to the region about Philadelphia, he has shown that chorea prevails to a remarkable extent in the months of March and April, the cases met with at his clinic being then much more numerous than at any other season of the year. Dr. Mitchell had observed the infrequence of chorea amongst black children. He therefore made, by circular, a great number of inquiries upon this point amongst practitioners in the Southern States, and with very few exceptions he found that they confirmed his previously entertained opinion concerning the comparative immunity from the disease enjoyed by the colored races. Lecture XIII is on "the treatment of obstinate cases of nervous exhaustion and hysteria by seclusion, rest, massage,

electricity and full feeding." This original plan of treatment has been highly spoken of by Dr. Playfair of London and others, and has sometimes produced remarkable results. It is well worthy of the attention of practical physicians, for all know how desperately disheartening the management of such cases are under any ordinary treatment.

These practical essays by a distinguished neurologist should be, and no doubt will be, widely read. They convey a great deal of useful information upon a number of interesting points in various diseases, and are suggestive of enquiry and investigation in various directions.

A Manual for the Practice of Surgery.—By THOS. BRYANT, F.R.C.S., Surgeon to, and Lecturer on Surgery at, Guy's Hospital, Memb. Correspond. de la Société de Chirurgie de Paris. Third American from the third revised and enlarged English edition. Edited and enlarged for the use of the American student and practitioner. By JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy and on Operatic Surgery in the Philadelphia School of Anatomy, &c. With 735 illustrations. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Brothers.

New editions are the order of the day. Bryant's Surgery, therefore, comes to us in a fresh garb and with almost all the novelty of a new work. On referring to several of the sections in which the most remarkable improvements in surgical practice have been made of late years, we find that each one of these here finds a place and is accorded its due share of attention. The American author has also done good service in adding in numerous places bracketed interpolations relating chiefly to the views and practice of eminent American surgeons. This undoubtedly adds to the value of this edition as a text-book in the United States and in this country. Concise and practical as it has been made in every chapter, yet the necessary requirements have now enlarged it to such an extent that it occupies one thousand large octavo pages. Bryant's is now one of our most popular text-books and works of reference, and is here presented

to students and physicians in a most attractive form. It is half Russia-bound, with elegant type-work and excellent woodcuts.

The Principles and Practice of Surgery: being a Treatise on Surgical Diseases and Injuries.—By D. HAYES AGNEW, M.D., LL.D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Profusely illustrated. Vol. II. Philadelphia: J. B. Lippincott & Co. Montreal: Dawson Brothers.

The second volume of this comprehensive work is now published. It includes the sections treating of Dislocations, Diseases of the Joints, Excisions, Anæsthetics, Amputations, Affections of the Genito-Urinary Organs, Surgical Diseases of Women, Affections of the Spinal or Dorsal region, and Surgical Diseases of the mouth. It would be impossible to attempt, in the space at our disposal, any review of this valuable treatise. Suffice it to say, that in it each of the subjects above enumerated is laid before the reader in an almost exhaustive manner. The high position long held by Professor Agnew amongst American surgeons makes it certain that his present book will everywhere be accepted as containing the opinions of the leading men of this continent as well as those of foreign origin. The third volume, which will complete the entire work, is said to be already in an advanced state of preparation. We recommend every practising surgeon to possess himself of this, which will long rank as one of the leading standard authorities on all matters surgical.

Books and Pamphlets Received.

A Treatise on the Diseases of the Nervous System. By William A. Hammond, M.D. Seventh edition. New York: D. Appleton & Co.

Therapeutic and Operative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. Forty illustrations. Part II. By Thos. F. Rumbold, M.D. St. Louis: Geo. O. Rumbold & Co.

The Mont Doré Cure, and the proper way to use it. By Horace Dobell, M.D. London: J. & A. Churchill.

The principles of Myo-Dynamics. By J. S. Wight, M.D. New York: Bermingham & Co.

A Practical Treatise on Impotence, Sterility and allied disorders of the Male Sexual Organs. By Samuel N. Gross, A.M., M.D. Philadelphia: Henry C. Lea's Son & Co.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting was held May 27th, 1881. The President, Dr. Hingston, in the chair.

Dr. Osler exhibited the following specimens:

1. A microscopic slide of the kidney of the case of uræmic coma described at the last meeting. There was found a much greater alteration in the structure of the organ than the mere inspection would have led one to believe. The capsules of the Malpighian bodies were thickened and the entire tufts in places atrophied. No special changes were observed in the renal epithelium, with the exception of the granular.

2. An aneurism of aorta. Case had been under the care of Dr. Ross and Dr. Osler. The former gave a brief summary: pulsation felt at 2nd rib on the right side; had had syphilis; was treated by absolute rest, potass. iod., and low diet. At the end of ten months it was thought that pulsations were diminished, and he went about his work. Last summer was quite active as a painter. This went on till a week ago, when, on his way to church, was seized with violent pain, and Dr. Ross found him dying. At *post-mortem* it was seen that the aneurism had burst into the *pulmonary artery*. In the sac of the tumour there was not a single layer of laminated fibrine. Dr. Ross remarked that the situation of the rupture was unique in his own experience, and enquired if any member had observed a similar occurrence. Another point of interest in the case was the fact of the prolonged and careful treatment by Tufnell's method, at the end of which it was thought that some consolidation of the sac had taken place; and yet, after death the entire sac was simply occupied by a large, loose, yellow, gelatinous mass of fibrine of very recent formation. No deposition of fibrine whatever had taken place under the treatment. That he lived two years in comfort seemed to have been due to toughness of the sac, thus preventing further enlargement. The case certainly shows that coagulation in an aneurism depends more upon the mechanical conditions present than upon any induced state of the blood, and that if the former

be very unfavorable, this result may be impossible of attainment by any treatment, by medication or otherwise.

3. Small contracted kidneys from a girl aged 26, who died in the Montreal General Hospital. She was admitted with headache, vomiting, hæmorrhages from vagina, nose and navel. She became comatose, had several convulsions, and died on the third day. The urine was albuminous. So far as could be ascertained, the patient had not suffered from any symptoms prior to this attack. She had not been a drinker, but she had been ill-treated and abused. Kidneys were greatly shrunken, capsules thickened, surfaces very granular, cortices much diminished, and arteries thickened.

4. Specimen of cancer of bones of skull (exhibited for Dr. Worthington of Sherbrooke.)

Dr. Shepherd exhibited the following specimens, all from subjects dissected last winter and with no history:—1. Fracture of left half of the inferior maxillary bone through the mental foramen. 2. An ivory exostosis, size of a bean, growing from the posterior edge of the left coronoid process of the inferior maxillary bone, and enclosed in the tendon of the temporal muscle. 3. Fracture of the astragalus; the posterior ear-shaped portion of the bone, which is behind the groove for the tendon of the longus pollicis muscle, and to which the posterior strand of the external lateral ligament is attached, had been broken off, and only united by fibrous tissue. This caused no deformity.

Dr. A. M. Phelps of Chateauguay, N.Y., was then introduced, and read a paper on "Empyema," giving also an exhibition of an original mode of treating pus in the pleuræ. (*See page* 719.) The principle which he laid down first was, in all operative interference, the speedy obliteration of the pleural cavity by the greatest possible expansion of the lung. The cure of empyema is not effected by washing or evacuating the pus *per se*, but by the expansion of the lung and the falling in of the chest wall, one or both. The adhering together of the pleuræ brings about the object at which we aim, viz., the obliteration of the pus-secreting cavity. This can never take place if pus is allowed to accumulate or decompose in the pleural cavity, and only very imperfectly if

air is permitted to freely pass in and out the drainage tube during respiration. When the lung ceases to expand sufficiently to perfectly fill the pleural cavity, adhesions form between the pleural surfaces with the result of a large pus-secreting cavity, and unless the chest-wall bend in and obliterate this cavity, patients sink from exhaustion or have ever afterward a thoracic fistula. The lung in this collapsed condition is prone to caseous pneumonia. The principles of treatment are: 1st, Evacuation of the pleural cavity as speedily and judiciously as possible, thus preventing permanent collapse of the lung; 2nd, Thorough ablution and disinfection; 3rd, Strapping the side and keeping the chest quiet; 4th, Introduction of valve drainage-tube.

Dr. Phelps gave a full description of an aspirating needle which he had devised, and of the mode he followed in washing out the chest.

Dr. Roddick said he had made single and double openings, and found that operations in old persons sometimes have bad results, while success is the rule in the young.

Dr. Osler said he had seen a considerable number of cases treated. As far as his experience has gone, under antiseptic treatment the success had been better than any witnessed before. Dr. Osler referred to a patient, a boy, lately exhibited to the Society, where a perfect recovery was made.

Dr. Blackader said a number of years ago Dr. Robert Lee attempted to use a valvular opening, but failed completely in its use. In a case of empyema which he (Dr. Blackader) had last summer, the result has been almost perfect. He expressed his conviction of the excellence of the plan advised by Dr. Phelps, and would take the first opportunity of using the operating needle devised by the reader of the paper.

Dr. Geo. Ross said the simpler the method of treatment the better. A single, large incision treated antiseptically seemed to him to be the best; as to the success of aspiration of the chest in young children, he fully agreed with Dr. Roddick.

Dr. Hingston said in empyema, as in synovitis, the question was *how* to operate. Large accumulations may take place, and will be absorbed. If an operation is decided on, the question is,

how to operate. The simpler the operation the better. He did not agree with Dr. Ross that a large opening treated antiseptically is the simplest. He favored a trochar and canula of moderate size. This was often followed by complete cure, especially in children. The method he adopted was to use his finger as a valve. Results are various. He tapped a case 16 years ago and drainage is still going on. He thought that the method of washing out the chest was thorough.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Occlusion of the Coronary Arteries.—An instructive case has been recorded by Dr. Karl Dehio, of Oldenburg. A man, thirty-one years of age, had suffered from attacks of sudden cardiac distress, accompanied by a sensation of painful pressure in the region of the heart, and a feeling of great anxiety. These attacks ultimately occurred daily. At last a very severe seizure occurred, characterized by pallor of the skin, feeble impulse of the heart, indistinctness of the sounds, and apparently failure of the left ventricle, while the right ventricle continued to contract forcibly. There was also acute œdema of the lungs, the progress of which could be watched during the attack, in which he died. It was found that "sclerosis" of the wall of the aorta had led to occlusion of the entrance to the left coronary artery, and had narrowed that of the right. There was fatty degeneration of the walls of the heart. The previous attacks were ascribed to the gradual narrowing of the vessel, which rendered the blood-supply to the heart insufficient to enable it to respond to the call for any extraordinary exertion.

It is of interest, in connection with this case, to note some experiments on the effect of sudden occlusion of the coronary arteries which have been communicated by M.M G. Sée, Bochefontaine and Roussy, to the Académie des Sciences. The first to observe the effects of artificial closure of the coronary

arteries was Chirac. In 1842 his experiments were repeated by Mr. Erichsen, who found that, in the dog, ligature of these arteries causes progressive retardation of the pulsations of the heart, followed by its arrest in from three to twenty-one minutes. He found that the contractions cease in the following order when the left artery is ligatured: first in the left ventricle; then in the right auricle; then in the left auricle; and lastly, in the right ventricle. Schiff has maintained that the ligature of one coronary artery causes *immediate* paralysis of the cardiac region which it supplies, while the neighboring parts preserve their usual rhythm. The experiments of the French investigators were made upon dogs under the influence of curara, morphia and chloral, of the two latter combined, or of daturine and curara, artificial respiration being kept up. The coronary arteries were suddenly tied at their origin, while the heart was still beating vigorously. At the end of a period of one or two minutes, the rhythmic ventricular contractions, a little retarded, ceased suddenly, and were replaced by a disordered, tremulous movement, more or less violent, of the muscular fasciculi of the ventricles, analogous to that which has been observed to succeed the faradisation of the heart. It was most intense in the right ventricle. Soon the two ventricles became swollen, the auricles continued to supply them with blood, and the arterial pulse disappeared. In order to produce this effect it is not necessary to tie both the arteries at their origin. In one animal the posterior coronary artery was tied, and then two principal trunks of the anterior artery—the auricular and ventricular trunks—leaving free the branch which passes into the interventricular septum. The ventricular contractions became weakened in the same time, and then suddenly ceased, being replaced by disordered contractions, while the auricles, after a moments pause, resumed their rhythmical pulsations, which gradually became weaker and ceased. In another experiment the ventricular branches of the right and left coronary arteries alone were tied. The same results followed, and were also produced when the whole of the anterior coronary artery, or its two principal trunks, were closed. In one experiment similar phenomena were pro-

duced in six minutes by the closure of the posterior coronary artery alone. In another, the ligature of this vessel for five minutes produced no effect whatever. The anterior artery was then tied, and the disordered action of the heart immediately commenced. The division of the vago-sympathetic trunks in the neck did not modify these phenomena, and they were unaffected by strong faradisation of the peripheral extremity of the superior cervical ganglion.

The conclusion drawn from these facts is that the arrest of the circulation in the heart by obliteration of the coronary arteries, modifies the contractility of the muscular fibres of the heart, so that they become incapable of contracting in their normal rhythmical manner. It may be objected that the condition of the ventricles is due to the excitation of the perivascular filaments, which, irritating the intra-cardiac ganglia, deranged the normal action of the fibres. In order to ascertain the force of this objection, water charged with lycopodium spores was injected into the aorta by a branch of the anterior coronary artery. The systolic flow carried the lycopodium spores to all parts of the heart. In a minute and a half or two minutes the ventricles became pale, and immediately the tremulous movement, characteristic of the occlusion of the coronary arteries, set in, and presented the same characters as when produced by their ligature. The phenomena observed were thus simply the effect of the arrest of the blood-supply.—*London Lancet.*

The Use and Abuse of Respirators.—Dr. Hayden read a paper on this subject, in which he arrived at the following conclusions: The nasal passages are the natural channels for the introduction of air into the lungs and its expulsion therefrom; they are, by their construction and organization, admirably adapted to serve as such, and if judiciously employed, and in a healthy condition, are adequate for this purpose, under the varying conditions of weather and climate, unaided by artificial appliances of any kind. The mouth and fauces constitute the natural passage for aliment; they are not designed for use as air-passages, and should not be employed to supersede the

nares in breathing. By their communication with the larynx they are, however, obviously designed to serve as alternative air-passages, supplementary of the nares when the latter are obstructed, or from any cause incapable of conducting air to the lungs. The use of oral respirators is based upon a misconception of the functions of the mouth in regard to respiration, and they should not be employed, because they are not only unnecessary, but positively mischievous, by the habit which they induce of breathing through the mouth. Nasal respirators may be useful, under special circumstances, to exclude dust from the air passages. Muffle-respirators may be used to protect from draughts of cold air, but the muffler alone will serve equally well for this purpose. Finally, respirators for the occasional administration of certain medicines by inhalation are often useful, and may for this purpose be either oral or nasal. Dr. Quinlan believed the best protection against catching cold was the practice of sluicing the whole head, face and neck every day with cold water. When passing from warm into cold air, it was advisable to keep the mouth closed. He thought that the putting on of an ordinary respirator was useful, because it covered the mouth, and because it reminded them not to talk to people in cold air. Nasal respirators he condemned, but he had himself experienced the advantage of wearing a respirator, under the circumstances he had mentioned. He disbelieved in mufflers. Dr. J. W. Moore remarked that healthy infants always breathed with the mouth closed. There was no doubt that breathing through the mouth was an acquired habit. Dr. Finny said he had adopted the practice of putting a small quantity of cotton-wadding up the nostrils on going from warm into cold air, and had found the greatest benefit from it. Dr. Hayden, in reply, said it should not be forgotten that the act of speaking involved an act of expiration, not one of inspiration. He never breathed through the mouth, and yet he never experienced the slightest impediment in addressing his friends.—*British Med. Journal.*

Vivisection.—Vivisection is a scientific necessity; and inasmuch as it is just as idle to try to stay the progress of

science as it is to oppose the rising tide on the sea shore, the attempt to suppress this particular mode of investigation cannot be ultimately successful. Notwithstanding the assertions made by men with warm and feeling hearts, it is an incontrovertible fact that nearly all we *know* of the living organism in health and disease has been learnt by vivisection, either intentionally performed or, as the phrase goes, "accidentally" accomplished. Vivisection has been accomplished in all ages and countries, more or less extensively. It is the analytical method applied to the study of organic life, just as the demolition of the earth's crust by the geologist's hammer is the analytical method applied to the study of inorganic nature. The fact that the living animal feels is an untoward contingency, but it cannot qualify the major consideration. The dissection of the dead organism is tributary or complementary, and may well be made preparatory, to the dissection of the living body; but in the long run we must find ourselves face to face with the grim truth that it is the *living* body which science requires, and sternly demands, to explore, and which sooner or later she will explore in spite of all the hindrances which sentiment and humanity may throw in her way. If vivisection is totally abolished in this country practical physiologists will have to go elsewhere. This is what has, in fact, happened since the passing of the Act, limiting vivisection. The most eminent explorers are working on the Continent and in the United States, and the only effect of persecuting them in one place is that they fly to another. It is a little vain-righteous of us to put away the evil—as we think it—with one hand while we eagerly grasp all the good that comes out of it with the other. The great bulk of the information which has enabled physicians to treat diseases with new precision in recent years, and which has already led to the lengthening of many useful lives, is the outcome of vivisection. The "anti-vivisectionist" does not stop to enquire whether the gift by which he is healed in the hour of sickness, or some other dear to him is snatched from the jaws of death, has been offered to idols! He is wise in his reticence. Now that the heat of the controversy has passed away, those members of our profession who spoke unadvisably

in the interests of a crusade against cruelty must perceive that they overstated the case when they declared, or admitted, that vivisection was unnecessary. It is indispensable and irrepressible. The aim to minimise the recourse to it was human, the attempt to abolish it altogether is absurd.

The Modern Method of Bed-making responsible for some forms of Backache. —James Turle, M.D., in *British Medical Journal*, says:—

"Let any one, on an ordinarily cool night, *when warm* in a bed in which he has not been tucked up after getting in, place his hand (still under the bed-clothes) at that part of the edge of the bed which is on a level with the small of his back. He will feel a very cold current of air rushing in to supply the place of that which is being expelled more gently upward (relatively to the head) by the warmth of his body. Children and young people frequently lie two in a bed; and as they almost invariably lie on their sides, and generally with their faces toward each other, for antesomnial conversational purposes, the back is often near enough to the edge of the bed for the cold air-current to chill the lumbar muscles, and so to produce in them that temporary rheumatic stiffness and pain in the morning. . . . . That the modern system of bed-making (and the disuse of such contrivances as the old-fashioned sliding-boards with which our grandmothers pressed down the edges of the bed-clothes) is a very frequent cause—if not, as I believe, by far the most frequent couse—of 'backache,' can be proved by the certainty with which protection of the back from cold during the night prevents the recurrence of any trace of the pain. Such protection is best afforded, I think, by a pillow or bolster laid longitudinally at a little distance from the sleeper, between him and the edge of the bed. A 'protector' of wash-leather lined with several layers of flannel, or a small pillow, as Mr. Square suggests, and many other kinds of devices, will no doubt be equally effective in guarding the back from the cold air. All that is necessary—and, as I consider, extremely important—is the diffusion of a knowledge of the fact that in the usual way in which English people are now in the habit of lying in their beds at

night, a current of cool air flows with more or less velocity between the edges of their beds and that part of the covering-clothes which they have 'untucked' in the act of getting in. It seems to me to be highly probable that this current of cold air may be responsible, not only for the slight rheumatic pains now more particularly referred to, but also for many cases of severe lumbago, and even for some forms of acute and chronic nephritis leading to the gravest results. In any case it must be clear that though a regular replacement of the air round any person in bed is of course essentially necessary for health, that replacement should not be kept up by a current which impinges upon any one part of the body, especially so important a part as the lumbar region; further, that this air-current should be particularly guarded against in the case of persons who are weakly, and on that account both more liable to chill, and more likely to 'sleep warm,' thereby increasing the velocity of the cold draught. Coldness of the feet, and its results, insomnia and cephalalgia, are also frequently dependent on the clothes not being properly turned under at the foot of the bed."

Olive Oil as an External Application in Diseases of the Chest.—"While a student in Professor von Gieth's Physical Diagnosis Class in the Munich General Hospital, I frequently had occasion to notice the use of olive oil as an external application in diseases of the chest. This, if I remember rightly, Professor Gieth preferred to all other external applications, such as Indian meal, cotton wadding, flannel, or rubber jackets. Of course I am not considering the stage of those cases where counter-irritation would be necessary. Professor Gieth used a double fold of common cotton cloth, large enough to completely surround the body, the cloth he thoroughly saturated with olive oil. I think the Professor considered this generally sufficient without the addition of flannel. I have never seen this treatment recommended in any of our medical works, but in private practice very often since then I have had occasion to be grateful for this valuable suggestion, and find the use of the olive oil excellent in almost all diseases of the chest. It is

certainly very agreeable to the patient, besides being, as Professor Gieth suggests, the best means at our disposal for *retaining a steady amount of heat.* The oil softens the skin and is probably more or less absorbed, which is of itself beneficial. This application is renewed from time to time as required. The objection to the Indian-meal jacket is that it rapidly cools and is liable to wet the bed-clothing and chill the patient, thereby defeating the desired results. I am induced to mention this treatment in the hope that those who are unfamiliar with its use may give it a trial at this season of the year, when lung diseases are so prevalent."—*Dr. Parker in Boston Med. & Surg. Journal.*

New point in the differential diagnosis of Cardiac and Pericardial Murmurs.—"The difficulty arises only when the friction murmur is produced at or near the apex of the heart. Under this condition, cause the patient to inflate slowly the lungs; we perceive the friction-murmur to become progressively more intense, and when the inspiration is complete, by making the patient hold his breath the murmur will be steadily maintained in its maximum intensity. On expiring, it decreases gradually until the minimum is reached at the completion of expiration. It never, however, entirely disappears. The explanation of this phenomena, he claimed, was to be found in the expansion of the lungs and the stretching of the pericardium in inspiration, by which the walls of that sac were approximated more closely to the heart. The author stated that he had had ample opportunities of confirming the reliability of this sign during the year and a half in which he had given attention to it."—*Dr. Lynch in N. Y. Med. Record.*

Time for Operating in Strangulated Hernia.—Dr. Coskery, in *Maryland Medical Journal*, relates cases and says:—When shall we operate in cases of intestinal obstruction?—a point, as may be observed by the above cases, not so easily decided. As a guide for the future, I have laid down the following rule: Wherever the symptoms exist, together with the presence of a tumor at one of the normal sites of hernia, or where a tumor having existed for a longer or

shorter time at one of these positions, becomes suddenly, under effort more especially, larger, *operate at once*, if said tumor and symptoms are not relieved by the taxis with or without chloroform or ether. But, it may be very pertinently asked, what *are* the symptoms of obstruction, as say, by strangulated hernia? Of course we all know the classical answer, *constipation, colicky pains* and *persistent vomiting*, sooner or later becoming fæcal. But shall we wait for this *combination?* No. The cases given above show only one common symptom—*absolute and persistent constipation*—and by this term I mean constipation not only of fæces but of flatus. This being so then I would draw as a moral from my experience the following aphorism to slightly reiterate what I have said above: Given a case of *complete* constipation, together with the presence of a tumor that has suddenly appeared or increased in size in one of the normal positions of hernia, non-removable under taxis, an incision, if only for diagnostic purposes, is perfectly justifiable and is eminently proper. While this aphorism should have great weight, still it does not apply with so much force in cases of *internal* intestinal obstruction. I do not think I can do better or more fully express the objects I have in view this evening, than to call your attention to a saying of Mr. Hey, of Leeds, one of the greatest masters upon this subject: "I have often," says he, "regretted operating for strangulated hernia too late, but never too early."

Transfusion in a case of Typhoid Fever, COMPLICATED WITH INTESTINAL HEMORRHAGE.—Dr. Gilbert of Havre, communicated to the Académie de Médecine (*Gazette Hebdomadaire*, April 8) a case of typhoid fever which, without having manifested any special character, at the end of the thirty-first day was attended with a severe attack of intestinal hemorrhage, leading to such a state of extreme exhaustion that an injection of twenty or thirty grammes of blood was deemed advisable, and some improvement ensuing, a second injection was performed next day. A sudden and permanent amelioration followed, the delirium which had been present ceasing, and the

due action of the heart soon being re-established. Dr. Gilbert does not believe this to be an exceptional instance, and thinks that life might not infrequently be saved in this disease, by resorting to transfusion, when extreme exhaustion has been produced.—*London Medical Times and Gazette, April* 16.

Treatment of Sub-Involution of the Uterus.—Dr. Braithewaite has had excellent results from a plan first made known to him by Dr. Wynn Williams. A delicate whalebone applicator, armed with cotton, is dipped into a mixture of equal parts of iodine, iodide of potassium, and alcohol, and carried up to the fundus, where it is allowed to remain for a few moments. The introduction is facilitated by passing a sound beforehand. Strong muscular action at once occurs, unless there is endometritis, in which case the affection of the endometrium should first be subdued by the use of ordinary tincture of iodine or carbolic acid. This strong solution of iodine seldom has to be applied more than three or four times, as it causes a rapid reduction of the size of uterus.—*N. Y. Med. Journal.*

Amyl Nitrite as a Cardiac Stimulant.—Dr. Edward T. Reichert of Newark, N.J., contributes to the *New York Medical Journal and Obstetrical Review* for July, 1881, an article in which, from a critical consideration of the more important of the literature bearing upon the subject, as well as from experimental data of his own, he argues that nitrite of amyl acts as a direct stimulant upon the heart. The author admits that the increased action of the heart under the influence of the drug may be due, to a certain extent, to its depressant effect upon the pneumogastrics, as shown by Filenhe, Mayer and Friedrich, Dugau, and Brunton; but he thinks that the deductions of the first three of these observers must be accepted with allowance, because of the very indirect way in which they sought to decide this action. Dugau, whose view closely coincides with Pick's (that there is a compensatory relation between the action of the heart and the condition of the vaso-motor system, so that when the vascular channels are open the heart will naturally beat faster to overcome the excessive drainage, and *vice versâ*),

was misled by not discriminating between the action of the drug on the vaso-motor system and its effect on the heart. With the action of the vaso-motor system practically abolished (as was accomplished in Brunton's experiments, in three of which he compressed the aorta below the diaphragm and divided the spinal cord, the disturbing influence of respiration and struggles on the animal's part being done away with by means of curara), any change in the arterial tension must be the result of direct cardiac action; and in all of Brunton's experiments there was a primary and marked rise of pressure, which equalled as much as a fifth of the normal. The nitrites affect the blood pressure in two ways—by stimulating the heart directly, and by depressing the vaso-motor system, especially the centres. They are direct stimulants of the heart, increasing the frequency of its action and the amount of work done in a given time. Clinical evidence supports this view; for, were it otherwise, the action of amyl in chloroform poisoning, in collapse and syncope, and in heart disease accompanied by paroxysms of distress due to a weakening of its action, would either be *nil*, or else it would even aggravate the symptoms.

Rupture of the Plantaris Muscle.—In the *New York Medical Journal and Obstetrical Review* for July, 1881, Dr. A. B. Judson gives three cases in which he diagnosticated this injury. He remarks that it is seldom found described in systematic works on surgery, although its occurrence is probably not very uncommon. Its most remarkable feature is the trivial nature, or almost entire absence, of an immediate cause. Persons are attacked while quietly walking in the street, stopping suddenly under the impression that they have been shot in the leg. Apart from ecchymosis, which is met with in but a limited number of cases, the only objective signs are œdema and deep-seated induration, and these are by no means constant. If there is an obvious gap in the muscles, with an adjacent muscular tumor, the case is to be considered one of rupture of the muscles, the term *coup de fouet* being conveniently used to indicate those cases in which the exact lesion

remains undetermined. The diagnosis depends on (1) the suddenness of the attack; (2) the insignificance of the apparent cause; (3) the location of the trouble; (4) the pain, which is absent or slight when the part is at rest, and produced or aggravated by those motions of the limb, active or passive, which disturb the muscles of the calf; and (5) the great disproportion between the objective and subjective symptoms. Recovery is always protracted, and is probably not much facilitated by treatment, which, however, should not be neglected, for the prognosis is sometimes unfavorable, especially when the affected limb is the seat of deep varicose veins, or shows traces of former phlebitis. Local and general remedies should be directed toward the relief of pain. Repair of the injured structures should be promoted by preventing motion or disturbance of the part affected. The condition which seems best adapted to secure this object is that of enforced fixation with the knee moderately flexed and the ankle moderately extended. As recovery progresses, locomotion will be facilitated by a high-heeled shoe, which prevents the foot from being unduly flexed on the leg. Cases of this injury present opportunities for the exercise of judgment in the decision of the question of abandoning further rest and resorting to motion and exercise.

Obstetrical Experiences. — Dr. David M. Williams of Liverpool, in an abstract of 2,500 confinements "chiefly among the comfortable middle classes," states that he considers the forceps a great boon, always to be used with comfort and safety, without injury to the mother, and in only one case did he find craniotomy necessary. For over twenty years he has introduced the forceps into the uterus, often saving the child by that means, when the os was very narrow, but dilatable. He had only employed chloroform in the first stage to overcome rigidity; in the second stage he often administered it till complete unconsciousness was produced, believing that the perineum may thus be frequently saved from rupture, an accident which will sometimes occur after every precaution. He has cured a complete rent, involving the sphincter, without operation, by

rest, local cleanliness, and the induction of temporary constipation by opium. He trusts in ergot especially as a preventative of flooding in cases where the pains are weak and the intervals long. He denies, on the evidence of distinguished travellers contrasted with the records of contemporary British practitioners, that puerperal mortality is the result of civilization. The truth is quite the other way, and by acting on increased knowledge, more lives will yet be saved.—*British Medical Journal.*

Antiseptic Stimulation in Typhoid.—Prof. Bouchard (*Le Concours Med.*, May 7) recommends that stimulants used in typhoid fever should be mixed with antiseptic substances, in order to prevent purulent infection from the intestinal lesions: for instance—

℞.	Rum, - - - - - -	℥ ix
	Creasote, - - - - - -	gtt. ij
	Phenic acid, - - - - -	gr. iv
	Salicylic acid, - - - - -	gr. xv. M.

Small quantities of this or of a similar antiseptic stimulant may be given as required.

Iodine as a Specific in Croupous Pneumonia.—Iodine or iodide of potassium is, according to Schwarz (*Deutsche Med. Woch.*, Band vii., No. 2, 1881), a specific in simple uncomplicated croupous pneumonia. If given during the first twenty-four to thirty-six hours from the onset of the initial rigor, it will arrest the further progress of the disease. In illustration of this view, ten cases are recorded in which the crisis occurred before the end of the second stage, and in one case at the end of the first day. The following are the formulæ adopted by Schwarz: Tincture of iodine, 5 drops; water, 120 grammes (4 ounces); one tablespoonful hourly. Iodide of potassium, 1½ grammes (22 grains); simple syrup, 30 grammes (1 ounce); water, 120 grammes (4 ounces); one tablespoonful hourly.—*London Med. Record*, May 15, 1881.

CANADA

Medical and Surgical Journal.

MONTREAL, JULY, 1881.

THE LAVAL UNIVERSITY ACT.

Laval University has obtained the bill from the Quebec Legislature. Although a very vigorous opposition was offered to its passage, yet, knowing as we all do the great influence of this University at the seat of Government, no one was surprised to find that she came out victorious. When it was found that the status of her teaching branch in this city was impugned on very high legal authority, she clearly saw that something must be done. In noticing some time ago the adverse opinion obtained from Sir Farrer Herschel by the School of Medicine of this city, we stated that, the matter being before the courts, discussion was out of place and that all should await the decision of the legal tribunals. This course, however, Laval herself has not been content to follow; but, on the contrary, has forestalled a decision, by clothing herself with powers derived from our local government. The question, however, cannot be considered by any means settled, and we think that it will still remain for the courts to say whether this University can legally possess such powers, which are superior to those ever before granted to any similar institution, in this country or any other. During the debates before the Parliamentary Committee, it was strongly urged that the Quebec Legislature, in conferring general powers upon Laval, would be acting *ultra vires*, and that its action could therefore be annulled; and since the passage of the Act we have heard several rumours of an intention to endeavor to procure its disallowance by the Dominion Government, on the grounds of an interference with a Royal Charter. It is certainly

entirely subversive of all our preconceived ideas of the important and privileged nature of a Royal Charter, that any local administrative body in the country shall be permitted to add to or take from it, at its own unchecked discretion. And such questions as these at once arise,—questions of vital importance to every other University in the Dominion. Of what use is a Royal Charter? What is to limit the changes and amendments which the local Government may choose to make thereto? If they have the power to add to, why not power to curtail? In fact, if the Laval Bill is to be maintained as law, then every University simply continues to act apparently by virtue of a Royal Charter derived from the source of all authority, but in reality only by the sufferance of the respective local Parliaments. Then again, even supposing it to be possible to obtain alterations in a Royal Charter without the express sanction of the Imperial Crown, is it expedient that a sort of roving commission should be granted to any one University to open branch establishments wherever it may see fit? Certainly it is not, and there are many valid reasons which will occur to every one why this should not be done. It is contrary to all established usage. A University is supposed to have a special seat and to belong to that seat once and forever. The great Universities in England, for instance, never have had, and never will have, permission granted them to functionate in any other place but in that which is designated in their charter as their special seat. The University of London cannot set up a *succursale* in Cambridge, nor can Oxford start an opposition to the University of London. Each has been accorded its own sphere and to that alone must they each confine themselves: and so it should always be. But under our present Laval Bill, this University is at liberty to erect faculties in all the branches in any part of the Province, independently of any previously made arrangements for furnishing such districts with the benefits of the higher education. It will be observed that this is an entirely different thing from affiliation. It is quite right that independent colleges in various parts should have the means afforded them of affiliating themselves with some University; but it is equally not right that any one body

with University powers should be able to set itself down at the doors of any or every other similar institution in the country. It is equivalent to destroying colleges which may be performing, in their own locality, a useful work, and supplanting them by offshoots from a powerful and ambitious corporation, which will soon possess in a way a monopoly.

We have considerable sympathy with those who have opposed the Bill on principle, and should be satisfied, in the interests of University education generally, to see them successful in causing its repeal; but at the same time we would not be understood as placing ourselves in any attitude of hostility to the school teaching medicine here under the ægis of the Laval University. If there is a demand for two French schools of medicine in Montreal, by all means let us have them. But we cannot see that, in order to provide for this, it can be right to sacrifice the principle of the inviolability of a Royal Charter, and submit to its being interpreted and changed in its most fundamantal parts, by a body very far removed from the august authority which alone is really capable so to do.

ONTARIO MEDICAL COUNCIL EXAMINATIONS.

This subject has of late caused some excitement in medical circles in Ontario. It appears that at the late examinations some 57 per cent. of the candidates were rejected. The majority of the rejections occurred in one subject, "Surgical Anatomy," some of the best men failing to pass in this, although receiving, in other subjects, the aggregate of 70 to 80 per cent. The rejected men, of course, as is usual in such cases, attributed the "slaughter" to unfairness of the examiner, and without reflection or due consideration, in a petition to the Council, made certain absurd accusations against the examiner, Dr. Sullivan. This petition, at the last meeting of the Council, the rejected ones had the good sense to withdraw, and the question of investigating the accusations against Dr. Sullivan was therefore dropped, though he himself anxiously desired that the papers should be examined by some competent and unbiassed person.

Now, there are generally two reasons which exist for a large percentage of rejections at any examination, viz., a too stringent examination and an insufficient state of preparation on the part of the candidates owing to want of proper teaching. Perhaps both these causes were to blame in the present case. We have seen the paper in surgical anatomy, and certainly think that a mere book knowledge of anatomy would not pass a man in it. It is a very practical paper, and one which needs a dissecting-room knowledge of anatomy, to answer properly. Probably those gentlemen who obtained the 70 or 80 per cent. in the other subjects would have taken the same high marks in theoretical anatomy, but when it came to actual dissecting-room work, they failed, because their knowledge of anatomy was, to use Herbert Spencer's expression, "not immediate, but mediate." No first class man should have been rejected on the paper, and their being so rejected merely shows that their dissecting-room training was sadly neglected. Mere lectures on anatomy are well enough, and ensure the whole of anatomy (minute and gross), being gone over once a year, but they should not, and never were intended to, take the place of actual work on the cadaver and with the microscope. On the other hand, perhaps the paper was a little stiff for an ordinary pass man for a license, and we fancy that many members of the College Council would themselves have found the answering of such questions anything but plain sailing. Most of the questions are those commonly asked at the membership examination of the Royal College of Surgeons. We are glad to see that Dr. Sullivan has been made Examiner in Descriptive Anatomy. Hereafter, no doubt all the inferior men will be stopped at this first fence, and the rest will easily, the next session, surmount the surgical anatomy five-barred gate.

CANADA MEDICAL ASSOCIATION.

Arrangements for attending at the meeting of the Association to be held at Halifax on Wednesday, August 3rd, have been satisfactorily made by the officers of the Society. In the first place, by those wishing to travel as rapidly as possible, the Inter-

colonial Railway will naturally be selected. The Minister of Railways, Sir Charles Tupper, has kindly offered to grant return tickets to members for *one fare*. This will, however, apply only to physicians themselves, and will not include members of their families. Those going from Montreal will thus be enabled to leave home on the evening of Monday, the 1st August, reaching Halifax on the morning of the first day of the meeting, and can be again in Montreal on Saturday or Sunday morning following. Pleasanter, however, is the water route. To arrive at Halifax in due time, it will be necessary to take the Gulf Port steamer from Quebec on Tuesday, July 26th, which reaches Pictou on Saturday, the 30th, thence to Halifax on Monday. If desired, a pleasant change of route can be made by crossing by steamer either to Portland from St. John, or directly from Halifax to Boston. In any case, it will be well, after deciding upon the route to be taken, to communicate with one of the local secretaries, or with the acting General Secretary, Dr. A. H. Wright of Toronto, from whom all information concerning rates, &c., can be procured. The names of the Local Secretaries for this year are as follows: Dr. Lawson, Halifax; Dr. P. Inches, St. John; and Dr. G. A. Belleau, Quebec. We know, from previous experience, how dilatory readers of papers are in sending in the titles beforehand, all invitations so to do to the contrary notwithstanding, and how, even at the last moment, fresh additions are made to the literary entertainment. Still, so far seven papers have been notified to the Secretary. They are as follows:—

1. "Diseases of the Eye in relation to General Diseases," by Dr. Coleman, St. John.
2. "Local Treatment of Empyema," by Dr. Oldright, Toronto.
3. "The Stomach Pump," by Dr. Grant, Ottawa.
4. "On the Theory of Intra-pleural Râles," by Dr. Osler, Montreal.
5. "Antiseptic Treatment in Ovariotomy and Knee Excisions," by Dr. Fenwick, Montreal.
6. "Vaccination with Calf Lymph," by Dr. Bessey, Montreal.
7. "Treatment of Scarlatina Maligna by Cold Water and Ice," by Dr. Worthington, Clinton, Ont.

We shall hope for a successful and a pleasant meeting, and once more urge upon all who can to attend.

McGILL SUMMER SESSION.—On the 30th June closed a very successful Summer Session. The lectures on special subjects, and the Hospital and Dispensary Practice were largely and zealously attended. On the 29th and 30th a special examination was held in Clinical Medicine for a prize offered by Dr. Osler—viz., a microscope, valued at $50. The following was the scheme of the examination, which was conducted by Drs. George Ross and Wm. Osler :—

I.

WRITTEN PAPER, 1½ HOURS.

1. A man, aged 40, comes to you complaining of headache, vomiting and dimness of vision; pulse 70, temperature normal; general health has been tolerably good; present illness came on after a few days indisposition.

State (*a*) your method of procedure in the examination of patient, (*b*) the conditions which might bring about such symptoms, and the points to be attended to in distinguishing between them.

2. How would you proceed to map out the liver dullness? State its normal limits. Mention conditions associated with (1) increase, (2) diminution of its area.

3. Distinguish between the conditions you have met with during the Session accompanied by a dull percussion note in one infra-scapular region.

4. Sketch the main features of any case of heart disease which you have studied during the Session.

(150 marks)

II.

A case to diagnose and prepare a written report upon. Condition of *fundus oculi* and *larynx* to be given—*one hour.*

(150 marks)

III.

Examination of sputa, vomit, fæces and urine; chiefly microscopical—*twenty minutes.*

(50 marks)

Mr. R. J. B. Howard, B.A. was the successful candidate, obtaining 322 out of possible 350 marks.

THE CAUSES OF TUBERCULAR PHTHISIS.—Dr. Playter of Toronto is anxious to collect together statistical information concerning the history of cases of phthisis in the Dominion of Canada. He has therefore prepared a schedule of questions, which he will forward to physicians having such patients under their charge,

and who may be willing, *pro bono publico*, to take the trouble of filling them up. We willingly draw the attention of our readers to this announcement, as the systematic grouping of a large number of facts of this kind is sometimes capable of leading to results of real practical service. Any gentleman, therefore, willing to assist, and sending his address to Dr. Playter, Toronto, will receive copies of the list of questions, which, on completion, are to be returned to Dr. P.

—The *Popular Science Monthly* for July has the following interesting articles :—The Races of Mankind (illustrated), by E. B. Tylor, F.R.S.; European Schools of Forestry, by N. H. Egleston ; Production of Sound by Radiant Energy (illustrated), by A. G. Bell ; Physical Education, Sleep, by F. L. Oswald, M.D.; The Development of Political Institutions, Consultative Bodies, by H. Spencer ; On Fruits and Seeds (illustrated), by Sir John Lubbock, F.R.S.; How to Prevent Drowning, by H. MacCormac ; Recent Advance in the Law of Intellectual Property, by B. V. Abbott ; Improvements in Electric Lighting, by W. H. Preece ; Degeneration (illustrated), by Dr. A. Wilson ; The Phenomena of Death, by T. D. Spencer, M.D.; Union of the Telegraph and Postal Service, by A. B. Huet ; Sketch of Dr. C. T. Jackson, with portrait ; Editor's Table, Literary Notices, Popular Miscellany, and Notes.

Medical Items.

PERSONAL.—The following members of the Canada Medical Association have sailed for England, and will be present to represent this country at the International Medical Congress to be held in London early in August : Drs. R. P. Howard and W. Osler, of Montreal ; Dr. Grant, of Ottawa ; Dr. Roseburgh, of Toronto.

—Messrs. Henry C. Lea's Son & Co., will issue at an early day a new edition of Holmes' System of Surgery, *Americanized*. This work has already won such confidence in the former or English editions, that now it will have a far higher value in the

revised form. In the list of American editors we note the names of many of the most distinguished members of the profession on this side of the Atlantic. We look forward with much interest to the issue of this great work.

—Dr. J. B. Stewart is suing, at Shelbyville, Ind., for a divorce from his wife, on the ground of cruel and inhuman treatment. Having a large practice, he is frequently called out at night. His wife, being jealous, refused to believe that all his absences from home were professional, and demanded that he should stay in of nights. He said his patients would not stand neglect. Then she adpoted the plan of taking poison whenever he had a night call, thus compelling him to remain and doctor her. She swallowed a deadly drug in this way several times, and her life was saved with difficulty. The husband claims that such conduct is a just cause for divorce.—*Arkansaw Doctor.*

THE GOUT.

When Munden at his house some time ago,
Warn'd a large party from his gouty toe,
A heartless fopling drawled a long "Dear me!
"I can't imagine what the gout can be."
"Then, boy"! said Joe, with pain distorted phiz,
"I'll give you some idea what it is:—
Suppose your foot fast in a blacksmith's vice,
Then turn the screw, perhaps just once or twice,
Till you the height of agony procure,
That human nature's able to endure,—
The pain of rheumatism, you thus find out,
Give it another turn, and that's the gout."—ANON.

—There was a sensation in the auditorium of Professor Virchow, of Berlin, in the early part of this month, when a lady, whom the distinguished physiologist introduced to the students as "a colleague from America," quietly took her seat among the young men and prepared to take notes of the coming lecture. The lady, who, as a German paper acutely remarks, was somewhat older than the average of the students and consequently caused no enormous excitement, made "a throughout agreeable impression. She was simply dressed and there was nothing of

the blue-stocking about her." Other Universities, like those of Leipsic, Zurich and Geneva, have received women as students for several years, but this American lady, whose name is not given, is the first who has adorned the musty, fusty lecture-rooms of the University of Berlin.—*Ex.*

—A Philadelphia quack tells the public: "If a patient wants it gentle and mild, I'm a homœopath; and when anybody wants thunder and lightning, I'm an allopath."—*Ex.*

LACTOPEPTINE.—The attention of practitioners generally is called to this valuable medicine. It is a popular and efficient remedy in digestive troubles, and also acts well in cholera infantum either alone or in combination with other remedies. During the hot summer months infantile diarrhœa is particularly prevalent and fatal, but after a somewhat extended use of this medicine, we can recommend our *confrères* to give it a trial, and can assure them they will not be disappointed. Lactopeptine is not a secret preparation, the formula being published, so that physicians may know what they are prescribing.

TROMMER EXTRACT OF MALT CO.—*Extract from Ziemssen's Cyclopædia of the Practice of Medicine, Vol. XVI., page* 474: "The Malt Extract prepared from Trommer's receipt is designed to fulfil much the same purpose as cod-liver oil, carbo-hydrates, malt sugar, dextrin, taking the place of fatty matter. The simple (much or little hopped) and the chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should therefore be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of cod-liver oil in the treatment of phthisis and other wasting diseases at the Basle Hospital, and we have, as yet, found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer, or wine."

W 8
M 5

PUBLISHED ON THE 15th OF EACH MONTH.

VOL. IX. No. XII. JULY, 1881.

CANADA MEDICAL & SURGICAL JOURNAL.

EDITORS

GEORGE ROSS, A.M., M.D., and W. A. MOLSON, M.D., M.R.C.S., Eng.

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Montreal:

PRINTED AND PUBLISHED BY THE GAZETTE PRINTING COMPANY.

SPECIAL CLUB RATES FOR 1881—SEE ADVERTISEMENT, PAGE XVII.

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The difficulties attending the manufacture of Extract of Malt in large quantities can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is or should be produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

We do ourselves but simple justice in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of the Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, &c., who (attracted by the high reputation of our Extract of Malt), have recently, in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according with the fulsome praise with which their advertise ments are filled. While being perfectly willing to let the reputation (of our Extract of Malt) rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed

chiefly of the substance called GRAPE SUGAR OR MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionary, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from Barley malt combined with the proper proportion of Hops, that has been for many years the standard medicinal-nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of all forms of diseases of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material, and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemmsen, and also to our circular and testimonials elsewhere printed.

Very respectfully,

TROMMMER EXTRACT OF MALT CO.

FROM ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. VOL. XVI. PAGE 474.

"The Malt Extract prepared from Trommer's receipt is designed to fulfil much the same purpose as Cod-liver oil, carbo-hydrates, malt sugar, dextrin, taking the place of fatty matter. The simple (much or little hopped) and the Chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palateable and more easily digested, and should therefore be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of Cod Liver Oil in the treatment of Phthisis, and other wasting diseases at the Basle hospital, and we have as yet found no reason for returning to the use of the latter remedy. The extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer, or wine."

FOSSILINE.

(REGISTERED.)

FOSSILINE is a PURE HYDROCARBON JELLY, prepared from Petroleum and purified by special processes, which render it *odourless and tasteless*. It is unsurpassed by any other substance as A SIMPLE DRESSING FOR WOUNDS. It possesses remarkable antiseptic, restorative, and healing properties, which render it infinitely superior to simple ointment and other dressings.

FOSSILINE CANNOT BECOME RANCID, hence Ointments, Pomades, &c., prepared with it will keep indefinitely.

FOSSILINE is CONSIDERABLY CHEAPER than any other HYDROCARBON JELLY yet introduced, and is second to none in purity.

FOSSILINE is put up in 1lb., 2lb., 7lb. tins & upwards. Price 40c. per lb.

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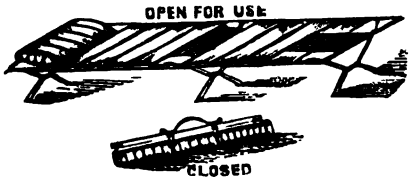

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To the Medical Profession.

LACTOPEPTINE.

We take pleasure in calling the attention of the Profession to LACTOPEPTINE. After a long series of careful experiments, we are able to produce its various components in an absolutely pure state, thus removing all unpleasant odor and taste, (also slightly changing the color). We can confidently claim that its digestive properties are largely increased thereby, and can assert without hesitation that it is as perfect a digestive as can be produced.

LACTOPEPTINE is the most important remedial agent ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all diseases arising from imperfect nutrition. It contains the five active agents of digestion, viz: Pepsin, Pancreatine, Diastase, or Veg Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk	40 ounces	Veg. Ptyalin or Diastase	4 drachms.
Pepsin	8 "	Lactic Acid	5 fl "
Pancreatine	6 "	Hydrochloric Acid	5 fl "

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the profession.

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York Medical College.

F. LE ROY SATTERLEE, M. D., PH. D.
Prof. Che., Mat. Med. and Therap. in N.Y. Col. of Dent.; Prof. Chem. & Hyg. in Am. Vet. Col. etc.

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AN IMPORTANT NEW REMEDY.

SUPERIOR TO PEPSIN OF THE HOG.

A Powder:—prescribed in the same manner, doses and combinations as Pepsin.

INGLUVIN.

VENTRICULUS CALLOSUS GALLINACEUS.

From the Gizzard of the Domestic Fowl, Pullus Gallinaceus.

A SPECIFIC FOR VOMITING IN PREGNANCY,

AND A

Potent and reliable remedy for the cure of INDIGESTION, DYSPEPSIA, and SICK STOMACH, caused from debility of that organ. It is superior to the Pepsin Preparations, since it acts with more certainty, and effects cures where they fail

PREPARED BY

WILLIAM R. WARNER & CO.

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1228 MARKET ST., PHILADELPHIA.

SOLD BY DRUGGISTS THROUGHOUT THE COUNTRY OR SENT BY MAIL TO ANY ADDRESS.

Physicians will please see that no other article is substituted.

TO PHYSICIANS.

Messrs Warner & Co. Brooklyn, N. Y., August 10, 1878.

Dear Sirs:—It is with pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of INGLUVIN, and testify to its superiority in all cases over Pepsin.

Drs. F. A. Howe and E. P. Hurp, of Newburyport, Mass., report a case of Chronic Dyspepsia as follows: Our associate in medicine, Dr. E. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried but with no good effect. Finally, INGLUVIN was administered in doses varying from five to ten grains; to our surprise, the patient began at once to mend and rapidly convalesced. We cannot speak too highly of INGLUVIN in this case, it is certainly a valuable remedy.

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cured three out of four cases of VOMITING in PREGNANCY.

Dr. C. F. Clark, Brooklyn, N. Y. has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING in PREGNANCY, DYSPEPSIA and SICK STOMACH, and with the best of results.

Dr. Edward P, Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way, the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion, I could eat nothing, life was almost a burden to me. INGLUVIN was prescribed in five to ten grain doses, the medicine was taken for about two weeks; result, a permanent cure.

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

CHAS. H. BENNETT, 144 Luqueer St., Brooklyn, N. Y.

INGLUVIN

IN CASES OF DIARRHŒA, CHOLERA INFANTUM AND MARASMUS.

From the Cincinnati Lancet and Observer, August, 1877.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhœa, to a greater extent at this period, induces me to call the attention of the medical fraternity to the lately introduced remedy called "INGLUVIN." I have been using it in my practice with very happy results for a considerable time, having originally called attention to the use of the simple lining membrane of the Gizzard of the Domestic Fowl. We find indigestion generally at the bottom of bowel complaints, which INGLUVIN has almost instantly corrected for me, alone or in combination. I give it in the following formulas:

INFANT FORMULA.

℞ Ingluvin, ...gr. xii.
Sacch. Lac., ...gr. x.
Misce et Ft. cht., No. x.
Sig.—One every 4 hours.

℞ Aqua Calcis, ...fℨij.
Spts. Lavand. Comp.,
Syr. Rhei, Arom., ...aa fℨj.
Tr. Opii, ...gtt. x.
Misce—Sig.—A teaspoonful every 2 to 4 hours.

FOR ADULTS.

℞ Ingluvin, ...ℨj.
Morphia Sulph., ...gr. jss.
Misce et Ft. cht., No. xii.
Sig.—One every 4 to 6 hours.

℞ Aqua Calcis, ...fℨijss.
Spts. Lavand. Comp.....fℨss.
Syr. Rhei, Arom., ...fℨvi.
Tr. Opii, ...fℨss.
Misce—Sig.—Dessertspoonful every 2 to 4 hours, or after each evacuation.

In inflammatory affections, I combine INGLUVIN with subnitrate of bismuth, equal parts, and oleaginous mixture with ol. terebinth instead of aqua calcis. Should the evacuations be suddenly arrested, and tympanitis and colic supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion I have the most happy result from combining of INGLUVIN with Pv. Nux Vomica, the one-twentieth to one-tenth grain. I treated a case of Marasmus successfully with the INGLUVIN—see article contributed in MEDICAL AND SURGICAL REPORTER."

A. F. SHELLY, M. D.

A NEW REMEDY

CALLED

INGLUVIN.

BY A. F. SHELLY, M. D.

[*From the Medical and Surgical Reporter, February* 3, 1877]

"This is obtained from the gizzard of the domestic fowl (chicken) and is a *Specific for Vomiting in Pregnancy.* I have used this remedy for twenty-five years, and it has never failed. It is also the most *powerful* and *reliable remedy* for the *Cure of Indigestion, Dyspepsia,* and *Sick Stomach,* caused from debility of that organ It is useful in all cases where pepsines and pancreatines are used, but with more certainty of its good results, for it puts all those preparations in my experience, in the back ground.

In complicated affections of the Stomach, such as *Inflammation, Gastralgia, Pyrosis, etc.*, it may be combined with Subnitrate of Bismuth and opiates; and in Diarrhœa and Cholera Infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Prof. E. WALLACE, of the Jefferson Medical College; he gives me the results of seventeen cases as follows:—

IN VOMITING OF PREGNANCY, OUT OF NINE CASES HE CURED SIX, AND PALLIATED TWO, and in one case the remedy was not taken according to direction, and therefore had no effect.

He used it in seven cases of Sick Stomach, caused by chronic inflammation of the uterus; cured five, and two remained doubtful. He also used it in a case of very obstinate Sick Stomach caused by irreducible hernia, and says this was the only remedy that gave any relief.

We, who have some experience, all know that Vomiting of Pregnancy is a sore affliction, and in some cases almost endurable, nay, indeed, putting life in jeopardy; but in INGLUVIN we have a remedy which will prove to be a great blessing to mothers, who, as yet, think vomiting must be endured as a natural consequence.

If I am able, by this publication, to induce the medical fraternity to make use of the remedy, I am positive that a great boon will be conferred upon a class of sufferers who claim our sympathy.

The dose is from five to ten grains, hardly ever more than five, except in obstinate cases. For children, from one to five grains. My mode of administering it is in a spoonful of water or tea, or it may be strewn on a piece of bread and covered over with a little butter; it is, however, nearly tasteless. In Dyspepsia and in Vomiting of Pregnancy, I direct it to be taken half an hour or so before each meal. In other affections of the Stomach and bowels, every two to four hours. I give it uncombined, except in complicated cases, as heretofore mentioned.

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☞SAMPLES OF INGLUVIN FOR TRIAL IN PRACTICE. FURNISHED PHYSICIANS.☜

11 Rue Neuve Des Capucines,

Paris, February 20th, 1879.

Editors North Carolina Medical Journal.

Gentlemen:—

* * * * * * * * I cannot conclude this letter without saying a word in regard to a medicine which has recently been introduced into France by our enterprising countrymen, Messrs. Wm. R. Warner & Co. of Philadelphia. Among other specimens of their exhibit at the recent Exposition, their agent in Paris very kindly sent me several bottles of **Ingluvin*—prepared from the gizzard of the chicken,—with the request that I would give it a fair trial in the treatment of gastric irregularity and disturbance. I am pleased to be able to chronicle the fact, that, in three cases of pronounced atonic dyspepsia and in one case of chronic indigestion, it has acted like a charm—promptly relieving all disagreeable symptoms and restoring the stomach to its proper functions. My patients, who had previously tried without benefit all ordinary forms of pepsine, bismuth, cerium, nux vomica, &c., &c., are delighted with this new remedy and assure me that they experienced benefit from the first dose. Hereafter I shall prescribe it liberally and with great confidence in its therapeutic value.

Assuring you of my abiding interest in the success of the Journal.

Very truly and respectfully yours,

Edward Warren, (Bey) M. D., C. M.

*A powder prescribed in the same manner and dose as Pepsin.

Favorite and special Recipes for Pills.

Physicians having a special formula which they may desire to have made in pilular form and sugar-coated for convenience and office practice, can have them so prepared with the greatest care and perfection by

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"Mr

FOR CONSUMPTION AND WASTING DISEASES

HYDROLEINE.

("HYDRATED OIL.")

FOR DYSPEPSIA, INDIGESTION, ETC.

MALTOPEPSYN.

I desire to express to the Medical Profession my thanks and deep sense of obligation to them for their generous support and kind interest, shown by the almost universal use of Hydroleine and Maltopepsyn in their practice, and the great number of laudatory letters received from them.

I wish also to assure them that I shall continue to give my personal attention to all preparations either imported or manufactured by me, and I shall endeavor to produce such remedies *only* as will merit the continued support of the Profession in all parts of the world.

The demand for Maltopepsyn has increased so rapidly, through this decided support of the medical profession, that it has made it absolutely necessary to increase my facilities. I have now leased the entire premises No. 57 Front Street East, erected a new engine, mills, choppers, presses and other machinery of the latest and most approved patterns. I shall be most happy to see any physician and show to him my methods for manufacturing Pepsine, Pancreatine, Exsiccated Extract of Malt, and the other ingredients of Maltopepsyn (as per formula.) I, with perfect security, guarantee to keep the quality to its present high standard, as I devote my entire time to that end.

I add enough testimony from distinguished medical men, the medical press, and leading chemists in the Dominion of Canada, from the mass of letters received, to show conclusively the high reputation these two remedies have gained, leaving out the much greater amount of testimony received from England and the United States.

Very respectfully,

HAZEN MORSE.

57 Front Street East, Toronto.

IMPORTANT NOTICE.

I publish below exact formulas for Hydroleine and Maltopepsyn. Testimonials follow on next 3 pages.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonsful, equal to 120 drops, contains :

Pure Oil..... 80 m. (drops.)	Soda .....1-3 grains.
Distilled Water ...35 "	Boric Acid.....1-4 "
Soluble Pancreatin 5 grains.	Hyocholic Acid.....1-20 "

DOSE.—Two teaspoonsful alone, or mixed with twice the quantity of soft water to be taken thrice daily with meals.

FORMULA OF MALTOPEPSYN.

SACCHARATED PEPSINE (Porci).....10	Grains.
" PANCREATINE..... 5	"
ACID LACTOPHOSPHATE OF LIME..... 5	"
EXSICCATED EXTRACT OF MALT (Equal to one teaspoonful of liquid extract of Malt.).....10	"

HYDROLEINE.

La Gauchetere Street, Montreal, Nov. 24, 1880.

"I consider Hydroleine a valuable preparation, and I have shown my estimation of it by prescribing it to some thirty or more of my patients instead of ordinary Cod Liver Oil. Many of them continue to take it and have been greatly benefitted by its use."

J. J. DUGDALE, M. D.

---

32 Beaver Hall, Montreal, May 15, 1880.

"My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diatheses. In some of my cases the effects of this remedy have been really marvellous. Now, I wish you to send through Lewis & Co., a half dozen for my own personal use, as I wish to continue taking the Hydroleine myself."

E. H. TRENHOLME, M. D.

Hastings, Ont., 15th Sept., 1880.

"We are so well satisfied with the trial bottle of Hydroleine, having put it to a severe test in an extreme case where we really did not expect the girl to live a week (she is now able to walk about the house), that we would like a dozen bottles."

DRS. CLARK & O'GORMAN.

Richmond, Ont., Nov. 25, 1880.

"I have to-day made arrangements with Mr. McElroy (the merchant of our village), to keep in stock a quantity of Hydroleine. It is the best thing I have ever used in all wasting diseases."

D. BEATTY, M. D.

Montreal, Aug. 12, 1880.

"I have prescribed your preparation, Hydroleine, very largely with the greatest satisfaction to myself and benefit to my patients. One delicate lady (Mrs. McC.,) gained *16 pounds* by taking four bottles of the medicine. In many other cases the increase in flesh and weight has been very remarkable."

E. H. TRENHOLME, M. D.

Freelton, Dec. 17, 1880.

"After taking three bottles of Hydroleine her weight increased 9 pounds. She discontinued the remedy, and again fell back, but on commencing the Hydroleine again, as before, she immediately improved, and is continuing to do so under its use

GEO. METHERELL, M. D.

Hastings, Dec. 6, 1880.

"We give it (Hydroleine) our unqualified approval, notably of late in convalescence from Typhoid especially where bronchial trouble has been present. Your Maltopepsyn is an excellent remedy."

DRS. CLARK & O'GORMAN.

Port Elgin, Ont., Dec. 16, 1880.

"I have been prescribing Hydroleine in all wasting diseases for some months, and can heartily recommend it to the notice of the profession as a remedy of real merit."

LEWIS E. SHEPHERD, M. D.

London, Ont., Dec. 7, 1880.

"I have used Hydroleine since August in tubercular diatheses with entire satisfaction, and consider it an estimable and highly efficient preparation."

H. W. LLOYD, M. D.

Neustadt, Dec. 21, 1880.

"I have found it (Hydroleine), to be a sovereign remedy. In one case of Gastrodynia, in which had employed all known remedies which were likely to be beneficial, with little effect, since taking Hydroleine the patient has had complete relief, the appetite increased, also marked increase of flesh."

T. C. SPENCE, M. D.

DUNDALK, Jan. 13, 1881.

"I refer to a case of incipient phthisis. The patient gained n weight while taking the first bottle of Hydroleine five pounds, and when last seen was taking second bottle, and had gained four pounds more. I may add that he cough and general condition of the patient were very much improved."

JAS. McWILLIAM.

MALTOPEPSYN.

BRUSSELS, ONT., June 28, 1880.

"I believe Maltopepsyn to be equal, if not superior, to Lactopeptine or Pepsine, in the use of which I have had a very large experience."

WILLIAM GRAHAM, M. D.

CASE ATTENDED BY DR. BURNS, TORONTO, April, 1880.

Child of Mr. Edgell, Toronto, about two years old, suffering from Diarrhœa, brought on by indigestion; passed undigested food, etc. Dr. B—— had tried many remedies without giving any relief; finally prescribed Maltopepsyn. After the child had taken six doses, there was marked improvement, and before one-half the bottle was used had entirely recovered."

WALLACE, N. S., Oct. 4, 1880.

"The Maltopepsyn was given in a marked and distressing case of Indigestion with the most rapid, pleasing and beneficial results."

Z. W. KEMPTON, M. D.

ATHLONE, ONT., Jan. 20, 1880.

"The Maltopepsyn I obtained from you has ar more than answered my anticipations. Having tried it in two old and very obstinate cases of indigestion, I found it to act like a charm."

C. McKENNA, M. D.

GEORGETOWN, ONT., Dec. 17, 1880.

"I like your Maltopepsyn; I find it to act very nicely and to do all that you recommend it to do."

WM. J. ROE, M. D.

MIDLAND, ONT., Dec. 24, 1880.

"I regard it (Maltopepsyn) as a very valuable preparation."

P. E. KIDD, M. D.

CAMBRAY, ONT., Jan., 1881.

"I have used your Maltopepsyn in severe cases of Indigestion and Malnutrition in adults, and Diarrhœa of children, and am so well pleased with the results that I have instructed my druggist to keep a supply on hand."

T. W. READE, M. D.

ATHLONE, ONT., Dec. 30, 1880.

"After giving your Maltopepsyn a trial in some of my worst cases, for which it was recommended, I am well pleased with the way in which it acts. Continue to make a good article like that now in use and it will be a universal favorite."

R. HAMILTON, M. D.

OHIO, YARMOUTH CO., N. S., Dec. 1, 1880.

"I may say I like it (Maltopepsyn), much better than any preparation of the kind that I have used, as it is certainly both more prompt and effective, and it further has the advantage of being much cheaper."

J. A. W. MORSE, M. D.

ELMVALE, ONT., Dec. 30, 1880.

"From my experience with Maltopepsyn I feel justified in saying that is quite as useful as Lactopeptine, and more palatable. I regard it as an important remedial agent in the ailments of infants, which are generally due to indigestion; and in prescribing Maltopepsyn in those cases, I feel that I am giving, in an elegant and palatable form, what is most likely to assist nature, and at the same time I run no risk of injuring the child."

GEO. BROWN, M. D.

BOWMANVILLE, ONT., Dec. 31, 1880.

"I am much pleased with the preparation Maltopepsyn in the case of faulty or difficult digestion."

W. H. LAW M. D.

OPINIONS OF THE MEDICAL PRESS.

HYDROLEINE.—This new preparation of Cod Liver Oil is deserving of the attention of the medical profession. Its use is not confined to cases of phthisis alone, but is found servicable in all wasting diseases, and also in convalescence from protracted illness. Under its use the weight may be greatly increased. It is claimed to be artificially digested by the combination employed, and produces no unpleasant eructations or nausea. Our own experience of its use has been most favorable.—*The Canada Lancet*, Toronto, December 1st, 1880.

Among the many new preparations brought to the notice of the profession, none perhaps deserves more attention than Hydroleine, a preparation of Cod Liver Oil. The efficacy of Hydroleine is, it is claimed, not confined to cases of phthisis solely, but it also has a valuable tonic effect on the system generally. We have been using Hydroleine for some time, with the most satisfactory results, and value it very highly for its nutritive and waste preventing properties. We have also been using Maltopepsyn in cases of indigestion, with marked success.—*Canada Medical and Surgical Journal*, Montreal, November, 1880.

FROM LEADING CHEMISTS AND DRUGGISTS.

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